

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080844A	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401		7. UNIT AGREEMENT NAME Gallegos Canyon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1525' FSL X 1740' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 182E	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 5656' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SW Sec. 19, T28N, R11W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PCLL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in and rigged up service unit 9-10-84. Swabbed and then shut the well in for pressure build-up. Fraced interval 6060'-6168' with 7014 gal 70 quality foam and 12,000# 20-40 sand.

Landed 2-3/8" tubing at 6163' and released the rig on 10-22-84.

RECEIVED
NOV 26 1984
OIL CON. DIV.
DIST. 3

RECEIVED
NOV 14 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. I hereby certify that the foregoing is true and correct

SIGNED B. D. Shaw TITLE Admin. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE NOV 20 1984

DATE NOV 20 1984

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC