

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.)

LEASE DESIGNATION AND SERIAL NO.

SF-078904

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

Gallegos Canyon Unit

FARM OR LEASE NAME

WELL NO.

230E

FIELD AND POOL, OR WILDCAT

Basin Dakota

SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SW/SE Sec. 23, T28N, R12W

COUNTY OR PARISH

San Juan

STATE

NM

1. OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1070' FSL x 1630' FEL

RECEIVED

NOV 20 1984

14. PERMIT NO.

15. ELEVATIONS (Show whether of, ft., or, etc.)

5771' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Amoco Production Company requests approval to complete the Simpson Gallup formation in addition to the Basin Dakota in the subject well. We would also like to obtain a verbal approval for this work so that we may complete this well as soon as possible. Please call Kathryn Jones at 325-8841 Ext. 236 with the verbal approval.

RECEIVED  
NOV 20 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED

P. D. Shaw

TITLE Administrative Supervisor

DATE 11/14/84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 21 1984

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side