

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-  
Expires August 31, 1983

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SE-078132	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2325 E. 30th Farmington, NM 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL x 1190' FEL		8. FARM OR LEASE NAME A V Elliott D	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 5939' GR		10. FIELD AND POOL, OR WILDCAT Blanco Fruitland	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE Sec 11, T29N, R9W	
		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"/>	FULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 on 12-3-87. Loaded hole with 2% KCL water. Set a castiron bridgeplug at 2548' and pressure tested to 3400 psi. Perforated the following interval: 2520' - 2538', 4 jspf, .50" in diameter, for a total of 72 holes. Attempted to frac interval 2520' - 2538' but the treatment screened out. Ran an impression block which indicated that casing is collapsed at 2451'. Perforated the following intervals: 2402' - 2412', 2430' - 2450', 4 jspf, .50" in diameter, for a total of 120 holes. Fraced interval 2402' - 2450' with 108,864 gals 30# crosslinked gel and 229,000 12-20 mesh brady sand. Landed 2-3/8" tubing at 2448'. Released the rig on 12-22-87.

NOTE: The Pictured Cliffs formation has been abandoned due to the collapsed casing and castiron bridgeplug set at 2548'.

RECEIVED  
JAN 27 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*B. Shaw*

TITLE

Adm. Supervisor

DATE

12-29-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JAN 25 1988

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

By KH