

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-076337	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 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 890' FNL x 1170' FEL		8. FARM OR LEASE NAME W.D. Heath "A"	
14. PERMIT NO.		9. WELL NO. 8E	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 5719' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NE Sec. 17, T29N, R9W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud and Set Casing	
(Other) <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.)*

Spud a 12-1/4" hole on 11-11-84. Drilled to 336'. Set 9-5/8", 36#, K-55 casing at 336' and cemented with 307 cu. ft. Class B Ideal. Circulated cement to surface. Pressure tested casing to 1500 psi. Drilled an 8-3/4" hole to 2620' on 11-15-84. Set 7", 23#, K-55 casing at 2620'. Cemented with 472 cu. ft. Class B Ideal and tailed in with 118 cu. ft. Class B Ideal. Circulated to surface. Pressure tested casing to 1500 psi. Drilled a 6-1/4" hole to a TD of 6780' on 11-20-84. Set 4-1/2", 10.5#, K-55 casing at 6780' cemented with 472 cu. ft. Class B Ideal and tailed in with 118 cu. ft. Class B Neat. Circulated to surface. No DV tool was set and the rig was released on 11-21-84.

DEC 21 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Original Signed By B. D. Shaw TITLE Administrative Supervisor DATE 12-1-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

DEC 13 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV