

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Annie L. Elliott I

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

SW/NE Sec14, T29N, R9W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

AUG 28 1985

2. NAME OF OPERATOR

Amoco Production Co.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1570' FNL x 2070' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6397' 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) Alter drilling program ☒

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 alter the proposed drilling program on the above referenced well. The 6-1/4" hole will be drilled from the bottom of the intermediate casing to T.D. using gas or air rather than mud. The rest of the program will be as stated on the APD. Verbal approval received from Jim Lavoto on 8-21-85.

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

SIGNED

B. Shaw

TITLE Adm. Supervisor

DATE 8-21-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

TABULATION OF DEVIATION TESTS

AMOCO PRODUCTION COMPANY

| DEPTH | DEVIATION |
|-------|-----------|
| 862' | 3/4° |
| 1364' | 3/4° |
| 1856' | 1/2° |
| 2356' | 1° |
| 2519' | 1 1/4° |
| 3070' | 1/4° |
| 3800' | 1/2° |
| 4360' | 3/4° |
| 4860' | 3/4° |
| 5328' | 1° |
| 5830' | 1° |
| 6332' | 1° |
| 6858' | 1 3/4° |
| 7356' | 1 1/2° |

RECEIVED
JAN 16 1986
OIL CON. DIV
DIST. 3

A F F I D A V I T

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S

Annie L. Elliott I #1, Section 14, T29N, R9W, San Juan County, New Mexico.

Signed

B. D. Shaw

Title

Adm. Supervisor

THE STATE OF NEW MEXICO)

) SS.

COUNTY OF SAN JUAN)

BEFORE ME, the undersigned authority, on this day personally appeared

B. D. Shaw known to me to be Adm. Supervisor for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 14th day of January, 1986.

Shirley D. Bradshaw
Notary Public

My Commission Expires: June 16, 1989

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SE-078132

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10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND
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SW/NE Sec 14, T29N, R9W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back a well. Use "APPLICATION FOR PERMIT" for such proposals.)

JAN 23 1986

OIL WELL ☐ GAS WELL ☒ OTHER

1. NAME OF OPERATOR

Amoco Production Co.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

2. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

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

1605' FNL X 2100' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6400' 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)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

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.)*

Spud a 12 1/4" hole on 12-20-85 at 2015 hours. Drilled to 362'. Set 9 5/8", 36#, J-55 casing at 354' and cemented with 385 cu. ft. Class B Portland. Circulated cement to surface. Pressure tested casing to 1000 psi for 30 minutes. Drilled an 8 3/4" hole to 3411' on 12-24-85. Set 7", 20#, J-55 intermediate casing at 3411'. Cemented with 764 cu. ft. Class B Portland 65:35 poz and tailed in with 231 cu. ft. Class B Portland 50:50 poz. Ran a temperature survey (attached) which indicated the top of the cement to be at 2150'. Drilled a 6 1/4" hole to a TD of 7645' on 1-3-86. Set 4 1/2", 11.6#, K-55 casing at 7645'. Stage 1: cemented with 183 cu. ft. Class B Portland 65:35 poz and tailed in with 279 cu. ft. Class B Portland 50:50 poz. Stage 2: cemented with 248 cu. ft. Class B Portland 65:35 poz. Ran a temperature survey (attached) which indicated the top of the cement to be at 2900'. The DV tool was set at 4612' and the rig was released on 1-4-86.

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FEB 06 1986

OIL CON. DIV
DIST. ?

FEB 04 1986

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

SIGNED

BSShaw

TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FARMINGTON RESOURCE AREA

BY

*See Instructions on Reverse Side

NMOCC