

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-89-IND-58	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME USG Section 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL X 1,650 FEL		8. FARM OR LEASE NAME 38	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Hogback Barker Creek <i>Lenx</i> and Leadville <i>W.C. Miss</i> NW/NE Sec. 30 T29N, R16W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5153' GR		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"/>	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) Completion <input type="checkbox"/>	
(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.)*

Moved in and rigged up service unit on 7/23/84. Total depth of the well is 7210' and plugback depth is 6795'. Pressure tested production casing to 3500 psi. Perforated 6940' - 6930', 4 jspf, .38" in diameter for a total of 40 holes. Acidized 6940' - 6930' with 5,166 gal 15% HCL. Perforated 6819' - 6810', 4 jspf, .43" in diameter, for a total of 36 holes. Set a cement retainer at 6795' and squeezed 6819' - 6810' with 118 cu. fut. Class B cement. Stung out of retainer. Pressure tested squeeze to 5200 psi. Perforated 6712' - 6704', 4 jspf, .43" in diameter, for a total of 32 holes. Acidized 6712' - 6704' with 4,000 gal. 15% HCL.

Landed 2 - 7/8" tubing at 6639' and released the rig on 8/9/84.

SEP 10 1984
OIL CON. DIV.
DIST. 3

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

Original Signed By
SIGNED B. D. Shaw TITLE Adm. Supervisor DATE 8/22/84
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV