

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Dr., 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
990' FNL x 1650' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5153' GR

5. LEASE DESIGNATION AND SERIAL NO.
I - 89 - IND - 58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME
USG Section 18

8. FARM OR LEASE NAME _____

9. WELL NO.
38

10. FIELD AND POOL, OR WILDCAT
Hogback, Barker Creek & Leadville

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/NE Sec. 30, T29N, R16W

12. COUNTY OR PARISH
San Juan

13. STATE
N. M.

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NOV 20 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) <u>Additional Completion</u>	

(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 10-20-84. Total depth of the well is 7210' and plugback depth is 6792'. Perforated 6578' - 6564', 6614' - 6608', 4 jspf, .38" in diameter, for a total of 80 holes. Acidized interval 6564' - 6614' with 9996 gals. 15% HCL. Put the well on test and released the rig on 10-30-84.

RECEIVED
JAN 17 1985
OIL CON. DIV.
DIST. 3

18. I hereby Original Signed By B. D. Shaw true and correct
SIGNED _____ TITLE Adm. Supervisor DATE 11-14-84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DEC 06 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
RY Smm