

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	9. WELL NO. 135E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1450' FNL x 1850' FEL	10. FIELD AND POOL, OR WILDCAT Basin DK/Totah GLP
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec 26 T29N R13W
15. ELEVATIONS (Show whether on or off surface) 5725' GR	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

JUN 07 1985

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

REPAIR WELL

WELL DEEPENING

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING Casing

ABANDONMENT*

(Other) Status Sundry

(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.)*

The Gallup formation of the subject well will not be completed until a later date. Working interest owner approval must be obtained.

RECEIVED
JUN 11 1985
OIL CON. DIV.
DIST. 3

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

SIGNED BS Shaw

TITLE Adm. Supervisor

DATE 6/5/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side