

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. LEASE DESIGNATION AND SERIAL NO. SE-078893
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME Rosa Unit
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		8. NAME OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 940' FSL x 960'		9. WELL NO. 105
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup
15. ELEVATIONS (Show elevation of well head and depth to resource area) 7212' GR		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA SE/SE Sec. 22, T31N, R4W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

RECEIVED  
JAN 14 1985

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 COMPLETION <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 PLANE <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(NOTE: Report results of multiple completion or 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 change the casing for the subject well from 11-3/4", 42#, H40 to 13-3/8", 54.5#, K-55.

Received after the fact (Assessed)

FARMINGTON DISTRICT	
JAN 21 1985	
DS	
AS	
NS	
ES	
LS	
MS	
1-1005 BAS	
2-KRJ-75	
WF	

<b>APPROVED</b>	
DATE 11/27/84 JAN 16 1985	
<i>John M. McKee</i>	
ASST. AREA MANAGER FARMINGTON RESOURCE AREA	

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

Original Signed By 6. D. Shaw TITLE Administrative Supervisor

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: