

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-78772
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		7. UNIT AGREEMENT NAME Rosa Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL x 790' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 118
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6649' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE Sec. 35, T32N, R6W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud & set casing	<input type="checkbox"/>		<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.)\*

Spud a 17-1/2" hole on 8/13/84 at 1130 hrs. Drilled to 411'. Set 13-3/8", 48#, H-40 casing at 411' and cemented with 420 c.f. Class B, 2% C Cl<sub>2</sub>. Circulated cement to surface. Pressure tested casing to 800 psi. Drilled a 7-7/8" hole to a TD of 8516' on 9/5/84. Set 4-1/2", 11.6#, N-80 casing at 8516'. Stage 1: cemented with 385 c.f. Class B 50:50 poz, 6% gel, 2# tuf plug and 708 c.f. Class B 50:50 poz, 2% gel, 2# tuf plug, .8% Halad 9 & tailed in with 118 c.f. Class B Neat, 35% silica flour. Stage 2: 920 c.f. Class B, 2# tuf plug, .5% Halad 9 & tailed in with 118 c.f. Class B. Circulated to surface after both stages. The DV tool was set at 5600' and the rig was released on 9/6/84.

RECEIVED  
OCT 09 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED B. D. Shaw

TITLE Administrative Supervisor

DATE 9/28/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

RV

\*See Instructions on Reverse Side

NMOC