

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

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-79

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mt. Tribal "D"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Ute Dome Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

se/nw, Sec. 10, T31n, R14W

12. COUNTY OR PARISH

San Juan

13. STATE

N. M.

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 Co.
3. ADDRESS OF OPERATOR 501 Airport Drive, 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 1530' FNL x 1980' FWL
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6371' GR

RECEIVED

MAR 13 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

ABANDON

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDONMENT

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. IF THIS NOTICE OR REPORT IS FOR A MULTIPLE COMPLETION, clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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 Co. request approval to repair the subject well according to the attached procedure.

MAR 22 1985

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

SIGNED

Original Signed By

B. D. Shaw

TITLE

Adm. Supervisor

DATE

2-27-85

(This space for Federal or State office use)

APPROVED BY

Jerry D. Kendrick

TITLE

Acting AREA MANAGER

DATE

MAR 21 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OPERATOR

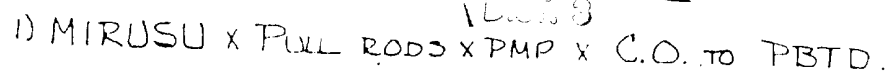
100-44361-151A

WJH TKA

5/PERMITTING DESK

ENGR FILE
BWS

PROCEDURE



- 2) INSPECT ALL PROD. EQUIP X REPLACE ANY FAULTY EQUIP. AFTER W/C.
 - 3) T/H W/ TBG X PKR X TEST FOR CSG. LEAKS
 - 4) SQZ LEAKS AS NECESSARY.
 - 5) SET PKR @ 2985' X SWAB TEST LOWER PERFS. CALL RESULTS TO BRAD SALZMAN X-262
 - 6) IF LOWER PERFS ARE TO BE SQZ'D, SET CMT. RET. @ 2990' X SQZ W/ 150 SX CLASS B CMT. W/ 1% CACI X 1/4 1b/sx CELLOPHANE FLAKES X WCC.
- 7) RUN PROD. EQUIP. X RETURN WELL TO PRODUCTION
 - 8) RUN 7 DAY PROD TEST X REPORT ON DAILY WIRE.

89A-40