

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/>	3. LEASE DESIGNATION AND SERIAL NO. 14-20-604-79
2. NAME OF OPERATOR Amoco Production Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N.M. 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See instructions below.) 1530' FNL x 1980' FWL	8. FARM OR LEASE NAME Ute Mtn. Tribal D
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6371' GR	10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	11. SEC., T., R., M., OR ALK. AND SUBV. OR AREA SE/NW Sec 10-3/N-14W
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	12. COUNTY OR PARISH San Juan
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	13. STATE NM
WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	16. SUBSEQUENT REPORT OF: REPAIRING WELL <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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 the work.) Moved in and rigged up service unit on 4/1/85. Total depth of the well is 3125' and plugback depth is 3049'. Pressure tested casing to 1000 psi for 30 minutes. Set bridgeplug at 2965'. New plugback depth is 2965'. Landed 2-3/8" tubing at 2936'. Released the rig on 4/3/85.	

ACCEPTED FOR RECORD

MAY 1 1985

BY BDS Shaw

RECEIVED
MAY 02 1985
OIL CON. DIV.
DIST. 3

SIGNED BDS Shaw TITLE Adm. Supervisor DATE 4/23/85

APPROVED BY _____ TITLE _____ DATE _____

*See Instructions on Reverse Side