

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-78
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL X 1110' FWL	8. FARM OR LEASE NAME Ute Mountain Tribal "J"
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether by RT, GR, etc.) 6004' KB	10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/SW, Sect. 1, T31N, R14W
	12. COUNTY OR PARISH San Juan
	18. STATE NM

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"/>	

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) <u>Open new pay zone & Frac</u>	

(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.) *

Moved in and rigged up the service unit on 3-5-84. Tripped out of the hole with the tubing then set a tubing retrievable bridge plug. Pressure tested the casing to 3000 psi. Perforated the following intervals: 2196'-2210', 2221'-2226', 2276'-2280', 2368'-2380', with 2 jspf, .44", for a total of 70 holes. Fraced interval (2196'-2380') with 56,000 gal. 70% quality nitrogen foam containing 2% KCO, 1 gal. surfactant/1000 gal. fluid and 84,000# 20-40 sand. Landed the 2-3/8" tubing at 2385' and released the rig on 3-9-84.

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

SIGNED Original Signed By B. D. Shaw

TITLE Administrative Supervisor

DATE 3/16/84

(This space for Federal or State office use)

ACCEPTED FOR RECORDS

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 2 1984

DISTRICT
BY ds

*See Instructions on Reverse Side

N.M.O.C.D.