

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME Ealum Gas Com C
3. ADDRESS OF OPERATOR 2325 E. 30 St., Farmington, NM 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1645' FNL x 1615' FEL	10. FIELD AND POOL, OR WILDCAT Cedar Hill Fruitland Basal Coa
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec 33, T32N, R10W
15. ELEVATIONS (Show whether DT, RT, GA, etc.) 6008' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. 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 checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 type="checkbox"/>	(Other) _____	

(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 service unit on 2-6-87. Tripped out rods and pump. Tagged no fills and circulated hole clean. Set packer at 2500' and pumped Visco 4750 with water. Saw no breakdowns or obstructions while pumping. Swabbed well and blew down. Ran pump and rods. Released the rig on 2-11-87.

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

SIGNED <u>B. Shaw</u>	TITLE <u>Adm. Supervisor</u>	ACCEPTED FOR RECORD
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>FEB 17 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

NMOCC