

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 100-1-5
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-080517

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Holmberg Gas Com C

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cedar Hill Fruitland Basal Coal

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

NW/NE Sec 28, T32N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
2325 E. 30th Street, Farmington, NM 87401
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1255' FNL x 1450' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6040' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ Additional Completion

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 12-21-87. Tripped out rods and pump. Stimulated interval 2822'-2856' with 200 gals 7.5 % HCL acid and 200 bbl 50 quality foam. Circulated hole clean to plugback depth. Relanded tubing and ran pump and rods. Released the rig on 12-22-87.

RECEIVED
JAN 3 1988
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Adm. Supervisor

DATE 12-29-87

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

AMOCQ

*Sec Instructions on Reverse Side

CONFIDENTIAL