

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
SF-078109

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
223E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota/Pinon Gallup

11. SEC., T., R., M., OR BLL. AND SURVEY OR AREA
SE/SE Sec 9, T28N, R12W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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
2325 E. 30 St., Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 810' FSL x 810' FEL

14. PERMIT NO.
FEB 19 1987

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5413' GR

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SEP 25 1986

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input 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 PLANS <input type="checkbox"/>	(Other) _____	

(Other) Extend APD

(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.)*

Amoco Production Company requests approval to extend the Application for Permit to Drill for the subject well.

RECEIVED
MAR 04 1987
OIL CO. DIV.

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

SIGNED [Signature] TITLE Adm. Supervisor DATE 9-23-86

(This space for Federal or State office use)

APPROVED BY [Signature] - Sid Vogelbach TITLE ASSISTANT DISTRICT MANAGER, MINERALS DATE _____

CONDITIONS OF APPROVAL, IF ANY: Drilling operations must be commenced by April 15, 1987.

27 *See Instructions on Reverse Side
NMOCG