

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Callegos Canyon Unit	
2. NAME OF OPERATOR Amoco Production Co.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		9. WELL NO. 236R	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 515' FSL x 770' FEL		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Totah Gallup Ext.	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SE Sec. 14, T28N, R13W	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5781' GR		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:			
TEST WATER SHUT-OFF	POLE OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) <u>Extend APD</u>	<u>X</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.)*			

Amoco Production Company requests a ~~one-year~~ extension of the APD for the subject well.

RECEIVED

APR 14 1986

OIL CON. DIV.
DIST. 3

Until Oct 25, 1986

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

SIGNED B. S. Shaw

TITLE Adm. Supervisor

DATE 4-7-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR 14 1986

John Skellern
AREA MANAGER

*See Instructions on Reverse Side

NMOCC