

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		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal 396
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache 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 2140' FSL X 870' FEL		8. FARM OR LEASE NAME Jicarilla Tribal 396
14. PERMIT NO.		9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7363' GR		10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup-Dakota
		11. SEC., T., R., M., OR BLK. AND SUBDIVISION OF AREA NE/SE Sec. 17, T23N, R3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

16. 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) Spud & Set Casing	

(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.)*

Spud a 12-1/4" hole on 7-8-84 at 0015 hrs. Drilled to 326'. Set 8-5/8", 24#, K-55 casing and cemented with 378 cu. ft. Class B, 2% CaCl₂. Circulated cement to surface. Pressure tested casing to 1000 psi. Drilled a 7-7/8" hole to a TD of 7592' on 7-22-84. Set 5-1/2", 15.5#, K-55 Casing at 7592'. Stage 1: cemented with 839 cu. ft. Pozzolanic 50:50 poz, 118 cu. ft. Class B Neat. Stage 2: cemented with 2,285 cu. ft. Pozzolanic 65:35 poz, 118 cu. ft. Class B Neat. Circulated to surface after both stages. Set the DV tool at 5341' and released the rig on 7-22-84.

RECEIVED
AUG 08 1984
OIL CON. DIV.
DIST. 3

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

SIGNED

Original Signed By
B. D. Shaw

TITLE Administrative Supervisor

DATE July 30, 1984

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 07 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY