| Form: 3160-5 UNITED (November 1983) (Formerly 9-331) DEPARTMENT OF  | STATES SUBMIT IN TRIPLICATE (Other instructions of THE INTERIOR verse side) | Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.                              |
|---|---|---|
| BUREAU OF LANG  | •   | Jicarella Contract 147  |
| 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.) |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache   |
| OIL X CAR X OTHER   | Mari — 101 sada proposati,  | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR   |   | 8. FARM OR LEASE NAME   |
| Amoco Production Co.  8. ADDRESS OF OFERATOR 501 Airport Drive, Farmington, N M 87401   |   | Jicarilla Contract 147  |
|   |   | 5E  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  |   | 10. FIELD AND POOL, OR WILDCAT  |
| At surface<br>900" FNL x 960" FWL   | RECEIVED  | Undes. Gallup/Basin Dakot   |
| 300 FNL X 300 FWL   | APPINA  | NW/NW Sec. 7,T25N,R5W   |
| 4. PERMIT NO. 15. ELEVATIO  | NS (Show whether program, GR, etc.)   | 12. COUNTY OR PARISH 13. STATE  |
| 67  | 05'GR   | Rio Arriba   N.M.   |
| 6. Check Appropriate Bo   | ox To Indicate Nature of Notice, Report, o                                  | r Other Data  |
| NOTICE OF INTENTION TO:   | SUBS  | BQUBNT REPORT OF:   |
| TEST WATER SHOT-OFF  FRACTURE TREAT  SHOOT OR ACCOURE  REPAIR WELL  COther) Status Sundry   | PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report res          | REPAIRING WELL  ALTERING CASING  ABANDONMENT*  silts of multiple completion on Well  supjection Report and Log form.) |
| The recorded pressure<br>April 1985 are as fo   | es for the Gallup formation   | on for the month of   |
| Tubin   | g Pressure 1950 psi (:  | shut-in)  |
| Casino  | g Pressure 1000 psi (s  | shut-in)  |
|   |   |   |
|   |   |   |
|   | OL COLDER   |   |
| ľ   | • • • •   |   |
| SIGNED SIGNED   | TITLE Adm. Supervisor   | ACCEPATED #64/85000   |
| (This space for Federal or State office use)  |   | WAS TO MED  |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY:  | TITLE   | DATE.   |

Title 18 U.S.C. Section 1001, makes it a crime for any part of lingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or représentations as to any matter within its jurisdiction.

\*See Instructions on Reverse Side