

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

910' FSL x 1740' FEL

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FEB 14 1985

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, CR, etc.)

6664 GR

BUREAU OF LAND MANAGEMENT,
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Contract 147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Contract 147

9. WELL NO.

9E

10. FIELD AND POOL, OR WILDCAT

Undes. Gallup/Basin Dakota

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

SW/SE Sec. 7, T25N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Status Sundry

(NOTE: Report results of multiple completion on Well
Completion or Recoupletion Report and Log form.)

17. NATURE OF 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.)

The recorded pressures for the Gallup formation for the month of February 1985
are as follows:

Tubing Pressure 2500 psi (shut-in)
Casing Pressure 1000 psi (shut-in)

RECEIVED

FEB 20 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

Original Signed By

D.D. Lawson

TITLE

District

Administrative Supervisor

DATE

2/7/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

FEB 15 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY