Form 3160-5 (November 1983) (Formerly 9-331)

SHOOT OR ACIDIZE

UNITED STATES SUBMIT IN TRIPLICATE® Other Instructions on rerespectively.

BUREAU OF LAND MANAGEMENT

rorm approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

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SUNDRY NOTICES AND REPORTS ON WELLS	SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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ABANDON*

CHANGE PLANS

Timacilla

ABANDONMENT*

(Do not use this form for proposals to drui or to deepen or plug back to a different reservoir, Use "APPLICATION FOR PERMIT—" for such proposals.)			orcanilla Apache	
OIL GAB WELL TOTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
Amoco Product:	ion Co.			outroct 14
3. ADDRESS OF OPERATOR		The state of the second	9. WELL NO.	Dilutati 14
501 Airport D	rive, Farmington	n, N M 87401	9E	
4. LOCATION OF WELL (Report location	LOCATION OF WELL (Report location clearly and in accordance with any Stafe regularities of space 17 below.)		10. FIELD AND POOL, OR WILDCAT	
At surface		The state of the s	Undes. Gallu	p/Basin DK
910' FSL	× 1740'FEL		11. SBC., T., R., M., OR BLK SURVEY OR AREA	. AMD
	BUC TO:	TAC OF FURD plants I DAMET.	SW/SE sec 7,T	25N, R5W
14. PERMIT NO.	15. ELEVATIONS (Show whether		12. COUNTY OR PARISE 1	3. STATE
	6664' (GR	Rio Arriba	NM
16. Check A	opropriate Box To Indicat	e Nature of Notice, Report, or	Other Data	
NOTICE OF INTER	NOTICE OF INTENTION TO:		QUENT REPORT OF:	
iI	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WEL	- -

(Norm: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Status Sundry 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 sones pertinent to this work.) *

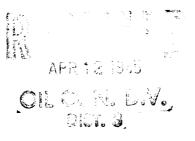
The recorded pressures for the Gallup formation for the month of April 1985 are as follows:

> Tubing Prssure 1750 (shut-in) psi

SHOOTING OR ACIDIZING

(Other) _

Casing Pressure 950 psi (shut-in)



. I hereby certify that the foregoing is true and corre	ct	
SIGNED SIGNED	TITLE Adm. Supervisor	7000 par 4/4/85
(This space for Federal or State office use)		
APPROVED BY	TITLE	ADATE 1985
		PASSIMINATION RESUDENCE AREA
•	See Instructions on Revene Side	RV S~~