

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. (both) OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-40540
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1650' FNL x 990' FWL		8. FARM OR LEASE NAME Amoco Federal Oso Canyon
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7445' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Gallup/Wildcat Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NW Sec. 24, T24N, R2W
		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 PLANE	<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) Completion	<input checked="" type="checkbox"/>		

(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.)*

Moved in and rigged up service unit on 7-13-84. Total depth of the well is 8250' and plugback depth was changed to 7975'. Pressure tested production casing to 1000 psi. Set a cement retainer at 7878' and spotted 30 cu. ft. of Class B Neat on Main Dakota perfs 7926' - 7934'. Perforated the following Gallup intervals: 7016' - 7004', 6920' - 6908', 6800' - 6786', 6850' - 6838', 4 jsfp, .33" in diameter, for a total of 200 holes. Fraced interval 6786' - 7016' with 100,254 gal. 20# gel, 2% KCL containing 1 gal. surfactant/1000 gal. fluid and 73,800# 20-40 mesh sand.

Landed 2-7/8" tubing at 7038' and released the rig on 8-7-84.

RECEIVED
AUG 29 1984
OIL CON. DIV.
DIST. 3

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

SIGNED B. D. Shaw TITLE Adm. Supervisor DATE 8-13-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 28 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV SMW