

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
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 Contract 148
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla 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 880' FSL X 940' FWL	8. FARM OR LEASE NAME Jicarilla Contract 148
	9. WELL NO. 31
	10. FIELD AND POOL, OR WILDCAT South Blanco PC
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SW Sec. 15, T25N, R5W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6793' GR	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)\*

Amoco Production Company requests approval to cancel the approved application to drill dated 6-11-84 for the subject well.

RECEIVED  
AUG 21 1984  
OIL CON. DIV.  
DIST. 3

ABANDONED LOCATION

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

Original Signed By B. D. Shaw TITLE Administrative Supervisor DATE August 10, 1984

SIGNED B. D. Shaw

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 20 1984

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY SMW