

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 01140	
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 1115' FNL X 1820' FWL		8. FARM OR LEASE NAME Fred Phillips "G"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DV, RT, OR, etc.) 7188' GR		10. FIELD AND POOL, OR WILDCAT Blanco MV/Ojito GP-DX	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec. 10, T25N, R3W	
		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 PLANS <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) Spud and set casing	X

(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.)*

Spud a 12- $\frac{1}{4}$ " hole on 10-7-84 at 0115 hrs. Drilled to 312'. Set 9-5/8", 32.3#, H-40 casing at 312' and cemented with 354 cu. ft. Class B Ideal. Circulated cement to surface. Pressure tested casing to 1000 psi. Drilled an 8-3/4" hole to a TD of 8319' on 10-24-84. Set 5- $\frac{1}{2}$ ", 17#, H-40 casing at 8319'. Stage 1: cemented with 963 cu. ft. Class B Portland. Stage 2: cemented with 1,014 cu. ft. Class B Portland. Circulated to surface after both stages. Set one DV tool at 4210' and another at 6225'. Released the rig on 10-24-84.

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

SIGNED Original Signed By

TITLE Adm. Supervisor

DATE 11/19/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 12-1984

FARMINGTON RESOURCE AREA

RV S.M.V.

*See Instructions on Reverse Side