

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>Jicarilla Contract 148</u>	
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>	
3. ADDRESS OF OPERATOR <u>2325 East 30th Street Farmington NM 87401</u>		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 <u>1840' FNL x 830' FWL</u>		8. FARM OR LEASE NAME <u>Jicarilla Contract 148</u>	
14. PERMIT NO.		9. WELL NO. <u>18Y</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6853' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>West Lindrith Gallup Dakota</u>	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>SW/NW Sec 23, T25N, R5W</u>	
		12. COUNTY OR PARISH <u>Rio Arriba</u>	
		13. STATE <u>NM</u>	

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 checked="" type="checkbox"/>
(Other) <u>Change Well Number</u>	

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) <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 change the well number of the subject well from # 18Y to # 44. The change has been requested by the NMOCB.

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

SIGNED BSShaw

TITLE Adm Supervisor

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE AUG 03 1983

FARMINGTON RESOURCE AREA

BY Smm

*See Instructions on Reverse Side