

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS ON **RECEIVED**

(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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
850' FNL x 940' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6776' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract 35

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache Tribal 35

9. WELL NO.
4E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/NW Sec 1, T24N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

JAN 29 1986

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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) Pool, Spacing, Number Change X

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) _____

(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.)*

Due to a change in the West Lindreth Gallup Dakota pool by the New Mexico Oil Conservation Division, the above referenced well is no longer considered a Basin Dakota well. Therefore the well number will change from the #4E to the #8, the pool will be the West Lindreth Gallup Dakota, and the spacing will change from 320 acres to 160 acres as shown on the attached plat.

Shall be from the #7 to the #8
etc

FEB 24 1986
OIL CON. DIV.
DIST. 3

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

SIGNED BLS Shaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

FEB 20 1986

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCU

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator AMOCO PRODUCTION COMPANY		Lease JICARILLA APACHE TRIBAL 35		Well No. 8
Unit Letter D	Section 1	Township 24 NORTH	Range 5 WEST	County RIO ARRIBA
Actual Footage Location of Wells				
850 feet from the		NORTH line and	940 feet from the	WEST line
Ground Level Elev. 6776	Producing Formation Gallup-Dakota	Pool W. Lindreth Gallup Dakota		Dedicated Acreage 160 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

940' 950'

1

RECEIVED
JAN 29 1986
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
JAN 29 1986
DIST. 3

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

BS Shaw

Name _____

B. D. Shaw

Position

Adm. Supervisor

Company

Amoco Production Co.

Date: _____

January 20, 1986

I hereby certify that the above location shows this plot as reported in the field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

March 26, 1985

Registered Professional Engineer
and/or Land Surveyor

Gary D. Vann

Certificate No.

7016