

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Amoco Production Company</i>	8. FARM OR LEASE NAME <i>Western Union Federal Com</i>
3. ADDRESS OF OPERATOR <i>2325 East 30th St, Farmington, NM 87401</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1650 FNL x 1650 FWL</i>	10. FIELD AND POOL, OR WILDCAT <i>Acia Gallup</i>
14. PERMIT NO. <i>API No.</i> <i>30-039-24229</i>	11. S-C, T, E, M, OR B&E, AND SURVEY OR AREA <i>SE/NW Sec 36 T24N R1W</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7217' GR</i>	12. COUNTY OR PARISH <i>La Arriba</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) <i>additional completion</i>	

(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 12-5-88. Trip in with pump and rods. Hung off on wellhead. Start pumping unit. Rig released 12-6-88.

RECEIVED
MAIL ROOM
09 JAN -3 PM 1:36
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED *K.K. Stratton*

TITLE *Adm. Supervisor*

DATE *12-29-88*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

WFO

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY *Shan*