

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. <u>NM-28699</u>	
2. NAME OF OPERATOR <u>Amoco Production Co.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>2325 East 30th St. 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>1650' FNL x 1660' FWL</u>		8. FARM OR LEASE NAME <u>Southern Union Federal Com</u>	
14. PERMIT NO. <u>30-039-24229</u>		9. WELL NO. <u>1</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7217' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Regina Gallup</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SE/NE Sec 36 T24N R1W</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 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) <u>Additional Completion</u> <input checked="" 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.)\*

Service rig moved in 12-27-88. Unseat pump and lay down fiberflex and steel rods and pump. Shut in for evaluation. Rig released 12-27-88.

RECEIVED  
JAN 23 PM 12:51  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
JAN 27 1989  
CON. DIV.  
DIST. 3

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

SIGNED K.K. Shatten TITLE Adm. Supervisor DATE 1-19-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 30 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

ACCEPTED FOR RECORD

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side