

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Gas Com 155	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
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 1000' FNL X 800' FEL		8. FARM OR LEASE NAME Jicarilla Gas Com 155 "B"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6409' GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA NE/NE Sec. 31, T26N, R5W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

RECEIVED

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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)			

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) Completion			

(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 7/17/84. Total depth of the well is 5199' and plugback depth is 5118'. Pressure tested production casing to 3800 psi. Perforated the following intervals: 5086'-5062', 5032'-5022', 5014'-4998', 4988'-4980', 4950'-4924', 2 jspf, .34" in diameter, for a total of 168 holes. Fraced interval 4924'-5086' with 110,000 gal 20# gelled water, 2% KCL, 1 gal surfactant/1000 gal and 155,000 #20-40 mesh sand.

Landed 2-7/8" tubing at 5086' and released the rig 7/25/84.

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

SIGNED

Original Signed By
B. D. Shaw

TITLE Administrative Supervisor

DATE 7/30/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 1 6 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV