

Form 3166-5
November 1983
Formerly 4-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
TO THE DISTRICT OFFICE OF THE
BUREAU OF LAND MANAGEMENT

Submit Bureau No. 1014-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Use only for this form for proposals to drill or to deepen or plug back to a different reservoir.
Use APPLICATION FOR PERMIT for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR
Amoco Production Co.

ADDRESS OF OPERATOR
2325 E. 30 St., Farmington, NM 87401

LOCATION OF WELL (Report location clearly and in accordance with any State law.
See also space 17 below.)
At surface 970' FSL x 490' FEL

RECEIVED

SEP 19 1986

Jicarilla Apache All8

C. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

D. UNIT SURVEY NAME

E. NAME OF LAND NAME

Jicarilla Apache A 118

F. WELL NO.

19

G. FIELD AND POOL, OR WILDCAT

NE Ojito Gallup-Dakota

H. SEC. T. R. OF ALA. AND
SURVEY OR AREA

SE/SE SEC 36, T26N, R3W

I. PERMIT NO.

J. ELEVATION (Show whether
7384' GR

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

K. COUNTY OF MEXICO L. STATE

Rio Arriba

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

WELL OR ALTER Casing

MULTIPLE COMPLETE

ABANDON

CHANGE PLANE

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Completion of Deficiencies

REPAIRING WELL

ALTERING Casing

ABANDONMENT

(NOTE: Report results of multiple completion or Well
Completion or Remediation Report and Log logs.)

DISCLAIMER: PROPOSED OR COMPLETED OPERATIONS (Identify with all pertinent details, and give pertinent dates, including estimated date of start and
proposed work. If well is directionally drilled, give subsurface locations and depths and true vertical depths for all markers and bottom perfor-
ations to this work.)

Please be advised that the deficiencies noted during an inspection of the subject
well were corrected on 9-16-86. This work was done in response to File Letter
3162.5.1a (016) dated August 19, 1986.

I hereby certify that the foregoing is true and correct

SIGNED B. Shaw

TITLE Adm. Supervisor

(This space for Federal or State order use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE
SEP 24 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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