

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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"/>	7. UNIT AGREEMENT NAME <i>Bear Canyon Unit</i>
2. NAME OF OPERATOR <i>Amoco Production Co.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>2325 East 30th St. Farmington, NM 87401</i>	9. WELL NO. <i>3</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1820' FSL x 970' FWL</i>	10. FIELD AND POOL, OR WILDCAT <i>Smelter Mountain Area DK Smelter Maraca Cgt</i>
14. PERMIT NO. <i>API No</i> <i>30 039 24192</i>	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>7353' GR</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>NW 1/4 Sec 11 T26N R2W</i>
	12. COUNTY OR PARISH <i>Res 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 <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) <i>Additional Completion</i> <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.) *

*Drilling rig moved in 9-17-88. Drilled to TD 7240'. Rig released 9-25-88.
Waiting on completion.*

RECEIVED
BUN MAIL ROOM
89 MAR -1 PM 12:45
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
MAR 06 1989
OIL CON. DIV
DIST. 3

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

SIGNED

B. Shaw

TITLE

Adm Supervisor

DATE

2-27-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCC