

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Madeline N. Galt B

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Fulcher Kutz Pictured Cl

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

NE/NW Sec 6, T27N, R10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

790' FNL X 1700' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, RT, OR, etc.)

5768' GR

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

NOTICE OF INTENTION TO:

1. STOP WATER SHUT-OFF

2. FRACTURE TREAT

3. SHOOT OR ACIDIZE

4. REPAIR WELL

(Other)

5. PULL OR ALTER CASING

6. MULTIPLE COMPLETE

7. ABANDON*

8. CHANGE PLANS

SUBSEQUENT REPORT OF:

1. WATER SHUT-OFF

2. FRACTURE TREATMENT

3. SHOOTING OR ACIDIZING

(Other)

4. REPAIRING WELL

5. ALTERING CASING

6. ABANDONMENT*

(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.)*

Total depth of the well is 1886' and plugback depth is 1830'. Pressure tested production casing to 5800 psi for 30 minutes, held OK. Perf interval 1680'-1758', 2 jspf, .44" in diameter for a total of 156 holes. Fraced interval 1680'-1758' with 60,000 gal 70 quality foam and 75,000# 12-20 mesh brady sand. The perfs were done by a mast truck on 11-18-85.

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

SIGNED

B. Shaw

TITLE

Adm. Supervisor

DATE

12-17-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC