

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 ☐ GAS WELL ☒ 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.)

5. DATE OF NOTICE

1850' FNL x 1850" FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

5848' GR

5. LEASE DESIGNATION AND SERIAL NO.

SF 077383

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Kutz Federal C

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

Otero Chacra

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

SW/NE Sec27, T28N, R10W

12. COUNTY OR PARISH

13. STATE

San Juan

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

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.)

Amoco Production Company wishes to inform that the name of the subject well has been changed from Kutz Federal No.2 to Kutz Federal C No.1.

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

SIGNED B.D. Shaw

TITLE Adm. Supervisor

DATE 4/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side