

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-01
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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-077966
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL X 1700' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 155
15. ELEVATIONS (Show whether DE, ST, GS, etc.) 6093' RDB	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec. 23, T28N, R13W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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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 checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

Moved in and rigged up service unit on 6/8/84. Located casing leak between 2910' and 2930'. Set a packer at 2825' and squeezed leak with 118 cu. ft. Class B Thilotropic, 10%. Calseal, 4% gel, 10# Gilsonite. Circulated tubing clean. Pressure tested tubing to 2000#. Released packer and tripped out with tubing and packer. Drilled 95' cement. Tripped out with tubing and bit. Pressure tested casing to 1000 psi. Tripped in with retrieving head and 2-3/8" tubing to bridgeplug at 6300'. Circulated hole clean and latch onto bridgeplug. Tripped out with bridgeplug and tubing. Cleaned cement out of rig pit. Tripped in with 2-3/8" tubing and hydrostatic bailer. Tagged fill at 6392'. Used bailer at 6550'. Tripped out with tubing and bailer. Tripped in with 2-3/8" tubing and sawtooth collar on bottom of first joint and seating nipple on top. Landed 2-3/8" tubing at 6397' and released the rig on 6/18/84.

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OIL CON. DIV.
DIST. 3

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)

APPROVED BY _____ TITLE _____ DATE AUG 10 1984

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY 6/8/3