

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.)

RECEIVED

APR 14 1985

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078109
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See instructions 17 below At surface 875' FSL x 2440' FWL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 206
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5562' GR		10. FIELD AND POOL OR WILDCAT Basin Dakota
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> PILL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) Repair <input checked="" type="checkbox"/> (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec10, T28N, R12W
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 3/27/85. Total depth of the well is 6145' and plugback depth is 6103'. Pressure tested casing to 1000 psi. The test held for 30 minutes. Cleaned out hole to plugback depth with nitrogen. Landed 2-3/8" tubing at 6086' and released the rig on 3/29/85.		12. COUNTY OR PARISH San Juan
		13. STATE NM

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

SIGNED BD Shaw

TITLE Adm. Supervisor

DATE 4/18/85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

AMOCO