

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

PROJECT DESIGN 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 6. LEASE DESIGNATION AND SERIAL NO. I-149-IND-8474 |
| 2. NAME OF OPERATOR Amoco Production Co. | | 7. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotte |
| 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 also space 17 below.) At surface 910' FNL x 2460' FEL | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 214 |
| 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5425' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR S.E.C. AND SURVEY OR AREA NW/NE Sec16, T28N, R12W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Repair</u> | <input checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/> | | (NOTE: Report results of multiple completion on Well Completion or Recoupletion 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 3/20/85. Total depth of the well is 6011' and plugback depth is 5977'. Pressure tested casing to 1000 psi and found leak in well head. Cleaned out hole to plugback depth with nitrogen. The leak on the wellhead was repaired. Pressure tested casing to 1000 psi for 30 minutes. Landed 2-3/8" tubing at 5924' and released the rig on 3/26/85.

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

SIGNED BDS Shaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 26 1985

FARMINGTON RESOURCE AREA

BY Shaw

*See Instructions on Reverse Side