Budget Bureau No. 1004-0135 UNITED STATES

SUBMIT IN TRIPLICATE*

(Other instructions on reverse side) Form 3160-5 (November 1983) Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT SF-078904 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME Gallegos Canyon Unit Amoco Production Company 9. WHILL BO. 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u> 11. SUC., T., R., M., OR BLE. AND SURVEY OR ARMA 1500' FNL x 1850' FWL SE/NW Sec. 24. T28N, R12W 15. BLEVATIONS (Show whether DF, RT, OR, etc.) 14. PERMIT NO. 5707' RDB San Juan NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:

(Other)

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. Describe Proposed of 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 sones pertinent to this work.)*

WATER SHUT-OFF

PRACTURE TREATMENT

SHOOTING OR ACIDIZING

REPAIRING WELL

ALTERING CARING

ABANDONMENT*

Moved in and rigged up service unit 6-1-84. Set a bridgeplug at 6031' and a packer at 6000'. Tested bridgeplug to 2000 psi and it held. Spotted two sacks of 20-40 frac sand on top of bridgeplug. Tested casing and it held, no casing leak found.

Landed 2-3/8" tubing at 6181' and released the rig on 6-7-84.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

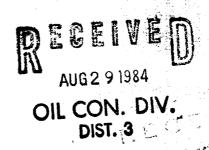
CHANGE PLANS

TEST WATER SHUT-OFF

PRACTURE TREAT

SHOOT OF ACIDIZA

REPAIR WELL



TITLE Adm. Supervisor

ACCEPTED FOR RECORD

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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