

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Project No. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-080844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

T.L. Rhodes "C"

9. WELL NO.

2E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/Simpson Gall

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

SE/SW Sec. 30, T28N, R11W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

210' FSL x 2340' FWL

14. PERMIT NO.

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

6000' GR

16. 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)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

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.)

Status Sundry

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.)*

This is in response to your letter 3100 (016) dated February 6, 1985. When we receive approved "authorization for expenditures" from working interest owners to complete the Gallup formation we will cover the Ojo Alamo, Fruitland, Pictured Cliffs and Mesaverde formations with cement.

RECEIVED
MAR 06 1985
OIL CON. DIV.
DIST. 3
RECEIVED
FEB 20 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED Original Signed By

TITLE Administrative Supervisor DATE 2/14/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC