

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Gallegos Canyon Unit	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME Gallegos Canyon Unit	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401		9. WELL NO. 231E	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1715' FNL x 790' FWL		10. FIELD AND POOL, OR WILDCAT Basin Dakota, Simpson Gallup	
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA SW/NW, Sec. 27, T28N, R12W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5685' GR		12. COUNTY OR PARISH San Juan	
		13. STATE N. Mex.	

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) <u>Change of Casing</u>	<u>XX</u>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input 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.)

Amoco Production Company requests approval to change the casing from 8-5/8", 24#, K-55 to 9-5/8", 32.3#, H-40 and from 4-1/2", 9.5#, K-55 to 7", 23.3#, K-55.

DEC 21 1984
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct.

SIGNED

Original Signed By
B. D. Shaw

(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 11-9-84

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC