

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☐ GAS WELL ☒ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. SF-080844	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 790' FSL x 1160' FWL		8. FARM OR LEASE NAME T.L. Rhodes "B"	
		9. WELL NO. 1E	
		10. FIELD AND POOL, OR WILDCAT Basin Dk/Pinon GP	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SW Sec. 20, T28N, R11W	
14. PERMIT NO.		12. COUNTY OR PARISH San Juan	
15. ELEVATIONS (Show whether OF, ST, GR, etc.) 5724' GR		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	Casing change		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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 program from 8-5/8", 24#, J-55 to 9-5/8", 32.3#, H-40 and from 4-1/2", 10.5#, K-55 to 7", 20#, K-55.

DEC 18 1984
OIL CON. DIV.
DIST

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

APPROVED
DATE 12/10/84

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 14 1984

7s/J. Stan McKee

ASST. AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side