

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 (change from gas to oil well)

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, New Mexico 87401

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

1850' FNL x 790' FWL

BUREAU OF LAND MANAGEMENT

14. PERMIT NO.

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

5911' GR

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.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/Simpson (S&L)

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

SW/NW Sec. 30, T28N, R11W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF


PULL OR ALTER CASING

MULTIPLE COMPLETE

XX

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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.)

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 multiple complete the subject well in the Simpson Gallup formation with 40 dedicated acres as well as in the Basin Dakota formation with 320 dedicated acres. Please see revised plot attached.

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

SIGNED Original Signed By

A. D. Shaw

(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 12-1-84

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

(SGD.) MAT MILLENBACH

DATE

DEC 5 1984

\*See Instructions on Reverse Side

NMOCC

All distances must be from the outer boundaries of the Section.

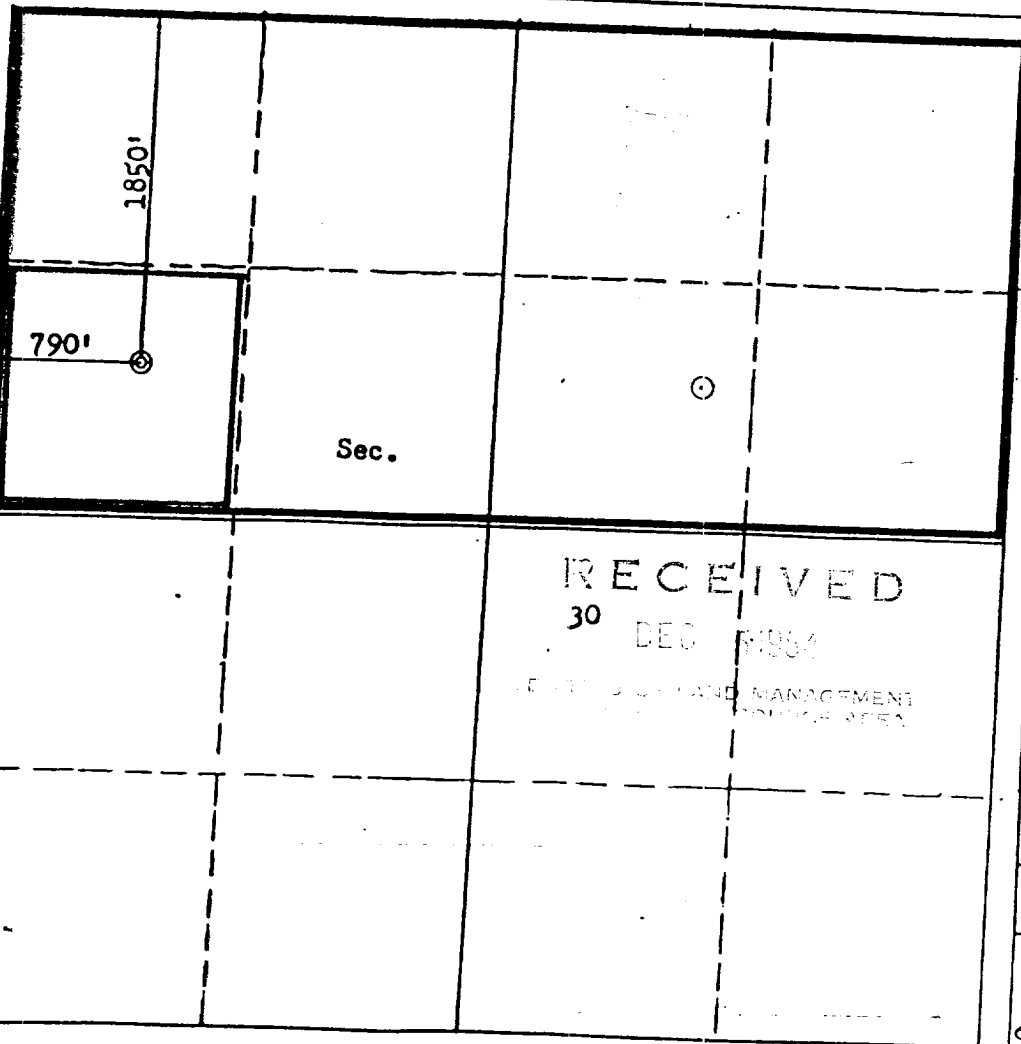
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>T. L. RHODES MCN</b>		Well No. <b>1E</b>
Unit Letter <b>E</b>	Section <b>30</b>	Township <b>28N</b>	Range <b>11W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>1850</b> feet from the <b>North</b> line and <b>790</b> feet from the <b>West</b> line					
Ground Level Elev: <b>5911</b>	Producing Formation <b>Dakota / Gallup</b>		Pool <b>Basin Dakota / SIMPSON</b>	Dedicated Acreage <b>38.99</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed By

**B. D. Shaw**

Name

**B. D. Shaw**

Position

**Administrative Supervisor**

Company

**Amoco Production Company**

Date

**10/26/84**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

**September 14, 1984**

Registered Professional Engineer and Land Surveyor

**Fred E. Kerr Jr.**

Certification No. \_\_\_\_\_