

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget: 1000-100-1000-1000
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 1850' FNL x 790' FWL	8. FARM OR LEASE NAME T.L. Rhodes "C"
	9. WELL NO. 1E
	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Simpson Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NW Sec. 30, T28N, R11W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5911' GR
	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVED

JAN 31 1985

16. 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) <input type="checkbox"/>	

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"/> spud & set casing	

(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.) *

Spud a 12-1/4" hole on 12/30/84. Drilled to 339'. Set 9-5/8", 32.3#, H-40 casing at 339' and cemented with 295 c.f. Class B. Circulated cement to surface. Pressure tested casing to 1000 psi. Drilled a 8-3/4" hole to a TD of 6503' on 1/9/85. Set 7", 23#, K-55 casing at 6499'. Stage 1: cemented with 431 c.f. Class B 50:50 poz and tailed in with 336 c.f. Class B. Stage 2: cemented with 1,036 c.f. Class B 50:50 poz. Circulated to surface after both stages. Set the DV tool at 3283' and released the rig on 1/10/85.

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

SIGNED

Original Signed By

B. D. Shaw

TITLE Administrative Supervisor

DATE 1/23/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 05 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY