

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"/>	5. LEASE DESIGNATION AND SERIAL NO. I-149-IND-8471
2. NAME OF OPERATOR Amoco Production Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL X 1190' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 175 E
15. ELEVATIONS (Show well location on map) 5957' GR	10. FIELD AND POOL, OR WILDCAT Basin DK/cha cha GLP Ext
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sw/sw Sec 25/T28N,R13W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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JUN 04 1985

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	PLUG OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

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.)*

The Gallup formation for the subject well will not be ^{perforated} completed until a later date. Unorthodox location and working interest approvals must be obtained. When the Gallup formation is completed, a completion sundry (Form 3160-5) and completion report (Form 3160-4) will be forwarded to your office.

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JUN 10 1985

BLM CON. DIV.
DIST. 9

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

SIGNED BDS Shaw

TITLE Admin. Supervisor

DATE 5/31/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE JUN 6

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC