

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1850' FNLx810' FWL

14. PERMIT NO.

15. ELEVATIONS (Show where well is located)
6043' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF-077967

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Tribe

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
157E

10. FIELD AND POOL, OR WILDCAT
Basin Dk/ Cha Cha Glp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SW/NW Sec35, T28N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

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JUL 12 1985

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Alter casing plans ☒

ABANDON* ☐

CHANGE PLANS ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 Co. requests permission to alter the casing plans of the subject well as follows:
8-5/8" 24# K-55 changed to 9-5/8" 32.3# K-55,
4-1/2" 10.5# K-55 changed to 7" 23# K-55 and the hole size from 7-7/8" to 8-3/4".
Verbal approval received from Jim Lovato to Bob Davids on 6-21-85.

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OIL CON. DIV.
DIST. 3

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

SIGNED B. S. Shaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE 7-8-85

JUL 16 1985
DATE 7-8-85
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC