

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 depth.
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. SF-078904-A	
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 1650' FSL x 1800' FWL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 265 E	
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 5896' GR		10. FIELD AND POOL, OR WILDCAT Basin DK/Simpson GLP Ext.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SW Sec 25, T28N, R12W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	REEL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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 checked="" type="checkbox"/> Spud and Set Casing		

(NOTE: Report results of multiple completion on Well Completion or Recoupletion Report and Log form.)

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 1-31-86 at 0830 hours. Drilled to 349'. Set 9 5/8", 36#, J-55 casing at 349' and cemented with 271 cu. ft. Class B Portland. Circulated cement to surface. Pressure tested casing to 1000 psi for 30 minutes. Drilled an 8 3/4" hole to a TD of 6452' on 2-7-86. Set 7", 23# and 26#, K-55 casing at 6452'. Stage 1: Cemented with 260 cu. ft. Class B Portland and tailed in with 322 cu. ft. Class B Portland. Stage 2: Cemented with 710 cu. ft. Class B Portland. Circulated cement to surface after both stages. The DV tool was set at 3099' and the rig was released on 2-8-86.

RECEIVED
FEB 26 1986
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED BSShaw TITLE Adm. Supervisor

DATE 2-19-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE FEB 24 1986

AMOCG

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY Snn

