

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Dudget 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                             |                                                            | RECEIVED<br>APR 11 1986                                                         | 6. LEASE DESIGNATION AND SERIAL NO.<br>SF-078904-A            |
| 2. NAME OF OPERATOR<br>Amoco Production Co.                                                                                                                  |                                                            |                                                                                 | 7. IF INDIAN, ALLOTTEE OR TRIBE NAME                          |
| 3. ADDRESS OF OPERATOR<br>501 Airport Drive, Farmington, N M 87401                                                                                           |                                                            | BUREAU OF LAND MANAGEMENT                                                       | 8. UNIT AGREEMENT NAME<br>Gallegos Canyon Unit                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1650' FSL x 1800' FWL |                                                            | 9. WELL NO.<br>265E                                                             | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dk/ Simpson Glp. Ext. |
| 14. PERMIT NO.                                                                                                                                               | 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>5896' GR | 11. SEC., T., R., M., OR BLK. AND<br>SHEET OR AREA<br>NE/SW Sec. 25, T28N, R12W | 12. COUNTY OR PARISH<br>San Juan                              |
|                                                                                                                                                              |                                                            | 13. STATE<br>New Mexico                                                         |                                                               |

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                              |                                               |                                                                                                       |                                                  |
|----------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PLUG OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>          |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/>         |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Completion                                                                                    |                                                  |
| (Other) <input type="checkbox"/>             |                                               | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                                  |

17. DESCRIBE PROMISED 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.)

Moved in and rigged up service unit on 3-31-86. Total depth of the well is 6452' and plugback depth is 6395'. Pressure tested production casing to 3500 psi for 30 minutes. Perforated the following Dakota intervals: 6214'-6228', 6238'-6248', 6284'-6326', 6336'-6348', 2 jspf, .48" in diameter, for a total of 156 holes. Fraced Dakota interval 6214'-6348' with 110,000 gal. 70 quality foam and 165,000# 20-40 mesh brady sand. Cleaned out sand fills with nitrogen foam. Landed 2-3/8" tubing at 6360' and released the rig on 4-9-86.

RECEIVED  
APR 2 1986  
OIL CON. DIV.  
BUREAU OF LAND MANAGEMENT

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

SIGNED BO Shaw TITLE Adm. Supervisor

ACCEPTED FOR RECORD  
DATE APR 17 1986

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_  
FARMINGTON RESOURCE AREA

BY \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC

