

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 log wells. Use "APPLICATION FOR PERMIT—" for that purpose.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		AUG 28 1985	
2. NAME OF OPERATOR Amoco Production Co.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		8. FARM OR LEASE NAME Shane Gas Com C	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1060' FNL x 1450' FWL		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5798' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec 23, T29N, R9W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Alter drilling program ☒

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Amoco Production Company requests approval to alter the proposed drilling program on the above referenced well. The 6-1/4" hole will be drilled from the bottom of the intermediate casing to T.D. using gas or air rather than mud. The rest of the program will be as stated on the APD. Verbal approval received from Jim Lavoto on 8-21-85.

RECEIVED
AUG 30 1985
OIL CO.
DIST. 3

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

SIGNED BSShaw

TITLE Adm. Supervisor

DATE 8-21-85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NMOCC