

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form Approved
Bureau No. 1004-01
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐

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 State requirements)
At surface

1580' FSL x 1690' FWL

At proposed prod. zone Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR VILLAGE
13 miles E. of Blanco, New Mexico

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

1580'

16. NO. OF ACRES IN LEASE

265.66

17. NO. OF ACRES ADJACENT
TO THIS WELL

320

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

1400'E

19. PROPOSED DEPTH

7060'

20. ROTARY OR CABLE TOOL

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

5925' GR

DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS"

This work is permitted
as permitted

23.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	9-5/8"	32.3#, H-40	300'	354 cf Class B
8-3/4"	7"	20#, K-55	2830'	519 cf 65: Class B, tailored with 118 of Class B Neat
6-1/4"	4-1/2"	10.5#, K-55	7060'	1087 cf 50: Class B

Amoco proposes to drill the above well to further develop the Basin Dakota reservoir. The well will be drilled to the surface casing point using native mud. The well will then be drilled to TD with a low solids nondispersed mud system. Completion design will be based on open hole logs. Copy of all logs will be filed upon completion. Amoco's standard blowout prevention will be employed; see attached drawing for blowout preventer design. Upon completion the well be cleaned and the reserve pit filled and leveled. The gas from this well is dedicated to El Paso Natural Gas Co..

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true well depths. Give blowout prevention program, if any.

SIGNED

BDSha

Adm. Supervisor

DATE 6-14-85

(This space for Federal or State office use)

RECEIVED

PERMIT NO.

OCT 10 1985

APPROVAL DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OIL CON. DIV.
DIST. 3

NMOCC

*See Instructions On Reverse Side

APPROVED
S AMENDED
OCT 08 1985
MAT MILLENBACH
AREA MANAGER



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator AMOCO PRODUCTION COMPANY		Lease TRIGG FEDERAL GAS COM B		Well No. #1E
Unit Letter K	Section 15	Township 29 NORTH	Range 9 WEST	County SAN JUAN
Actual Footage Location of Well 1580 feet from the SOUTH line and 1690 feet from the WEST line				
Ground Level Elev. 5925	Producing Formation Dakota	Pool Basin Dakota	Dedicated Acreage 303.67 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plot below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership there (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

RECEIVED JUN 24 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
15	
1690'	
1580'	
RECEIVED OCT 10 1985 OIL CON. DIV DIST. 3	

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
B. D. Shaw
Position
Adm. Supervisor
Company
Amoco Production Co.
Date
6-14-

I hereby certify that the well location shown on this map is from field notes of the survey made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
June 6, 1985
Registered Professional Engineer
and/or Land Surveyor
Gary D. Wann

Certificate No.
7016



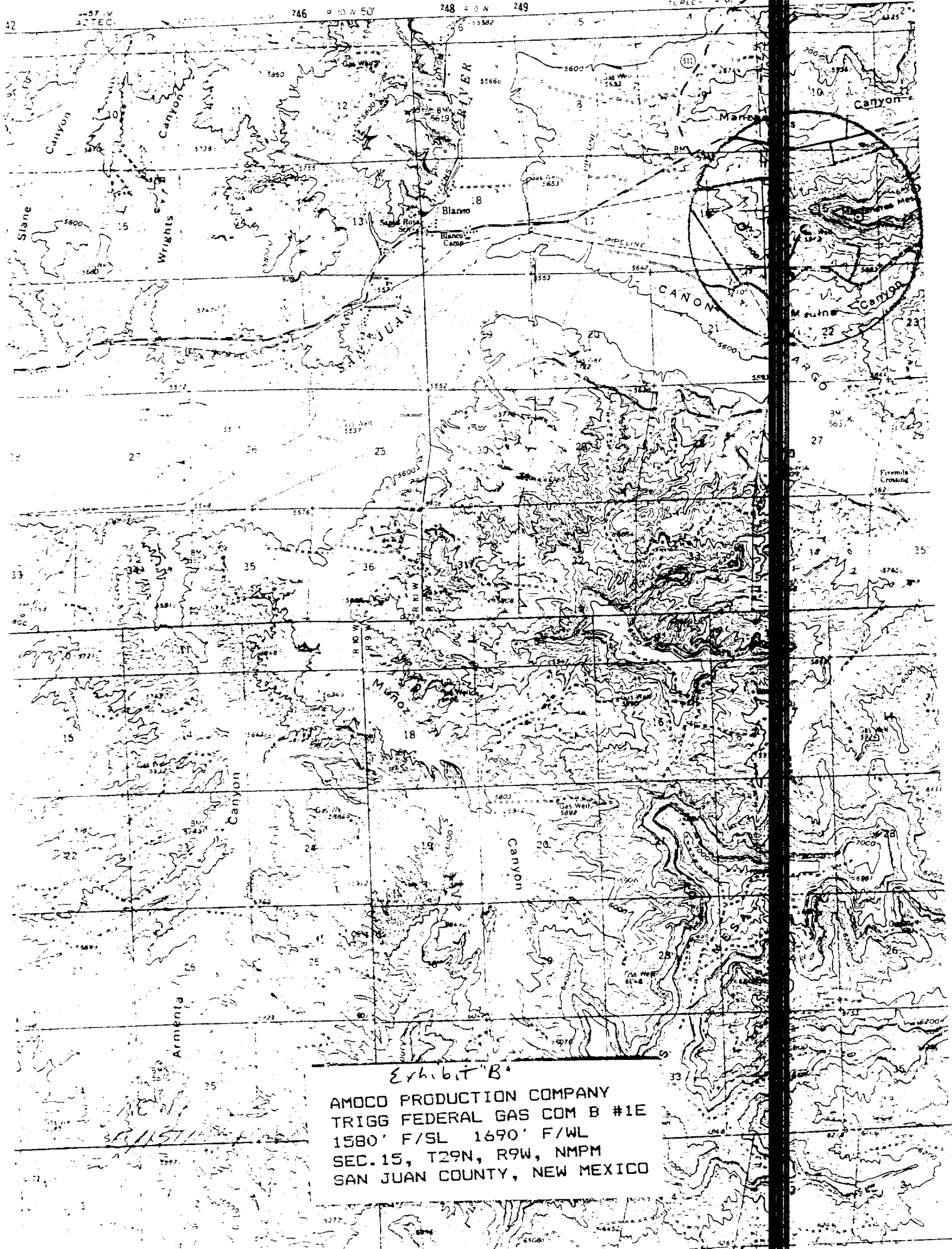


Exhibit "B"

AMOCO PRODUCTION COMPANY
TRIGG FEDERAL GAS COM B #1E
1580' F/SL 1690' F/WL
SEC. 15, T29N, R9W, NMPM
SAN JUAN COUNTY, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 004-0135
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. SF-77091	
2. NAME OF OPERATOR Amoco Production Co.		AUG 28 1985		6. IF INDIAN, ALLOTTEE OR TRIBAL NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N		BUREAU OF LAND MANAGEMENT		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with applicable BLM resource area. See also space 17 below.) At surface 1580' FSL x 1690' FWL		FARMINGTON RESOURCE AREA		8. FARM OR LEASE NAME Trigg Federal Gas Com "B"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5925' GR		9. WELL NO. 1E	
				10. FIELD AND POOL, OR VICINITY Basin Dakota	
				11. SEC., T., R., M., OR BLM LAND SURVEY OR AREA NE/SW Sec 15, 9N, R9W	
				12. COUNTY OR PARISH AND STATE San Juan	

16. 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"/>	PCCL 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Alter drilling program <input checked="" type="checkbox"/>		(NOTE: Report results of multiple completion or Completion or Recompletion Report and Log form.)	

7. 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 Levato on 8-21-85.

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OCT 10 1985
OIL CON. DIST. 3

I hereby certify that the foregoing is true and correct		APPROVED	
SIGNED <u>B. Shaw</u>	TITLE <u>Adm. Supervisor</u>	AS AMENDED	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____		
CONDITIONS OF APPROVAL, IF ANY:			

OCT 08 1985
(S.D.) MAT. MILLERBACH
M. MILLERBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC

