2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

SUNDRY NOTICES AND REPORTS ON W (Do not use this form for proposals to drill or to deepen or plug back to reservoir. Use Form 9-331-C for such proposals.)

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other)

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DEFARIMENT OF THE INTERIOR	<u> </u>					
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME					
SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME Rosa Unit					
voir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME					
oil gas KX other	9. WELL NO. 87 86					
NAME OF OPERATOR						
Amoco Production Company	10. FIELD OR WILDCAT NAME					
ADDRESS OF OPERATOR	Wildcat Gallup					
501 Airport Drive, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR					
LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA NW/NW, Section 12, T31N, R4W					
AT SURFACE: 1100' FNL x 790' FWL	12. COUNTY OR PARISH 13. STATE					
AT TOP PROD. INTERVAL: Same	Rio Arriba New Mexico					
AT TOTAL DEPTH: Same	14. API NO.					
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-039-22766					
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)					
	7004' GL					
UEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:						
T WATER SHUT-OFF						
CTURE TREAT						
OT OR ACIDIZE U U DEC	(NOTE: Report results of multiple completion or zone					
L OR ALTER CASING	change on Form 9–330.)					
	0 1 1983 ' SEP 6 - 1983					
inge zones						
NDON* DUREAU OF LA er) Name change FARMINGTON	ND MANAGEMENT RESOURCE AREA					
FARMINGTON	RESOURCE AND COMMENTS					

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of continuous and 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 in conjunction with Northwest Pipeline, the unit operator, requests permission to change the name of the Rosa Unit No. 87 to the Rosa Unit No. 86. This name change is necessary to fulfill the terms of the Designation of Agent agreement between the two companies.

_____ Set @ ____ Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct District _ TITLE _Admin. Supvr. _____ DATE _____ 8/31/83___ (This space for Federal or State office use) __ TITLE . DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

SEP 02 1983

FARMINGION NEW UNICE AREA