

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078771

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.  
98

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota/Undes. Gallup

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
NW/SW Sec. 23, T31N, R6W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
501 Airport Drive Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 1840' FSL X 790' FWL

14. PERMIT NO.

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

6267' GR

16. 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)

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.)\*

The sliding sleeve in the subject well was set at 7204' and the Gallup formation was shut in.

RECEIVED  
NOV 09 1984  
OIL CONTROL  
DIVISION

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

SIGNED Original Signed By

TITLE Admin. Supervisor

DATE 11-5-84 ACCEPTED FOR BOARD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 8

\*See Instructions on Reverse Side