

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

SF- 078764

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/Undes. Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NE/SE Sec. 30, T31N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

N M

1. OIL WELL ☐ GAS WELL ☒ OTHER

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 any State requirements.*
See also space 17 below.)
At surface

1790' FSL X 900' FEL

14. PERMIT NO.

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

6415' 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

Change of operator

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 perti-
nent to this work.)*

The subject well will now be operated by Northwest Pipeline instead of Amoco Production
Company.

(A commingling application will be forthcoming from Amoco)

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

Original Signed By

SIGNED B. D. Shaw

TITLE Adm. Supervisor

DATE 10-18-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY

Smr