

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Rosa Unit	
2. NAME OF OPERATOR Amoco Production Co.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		9. WELL NO. 100	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 890' FSL X 1850' FWL		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec. 21, T31N, R6W	
15. ELEVATIONS (Show whether DE, AT, OR, etc.) 6387'		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N M	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Spud & Set Casing <input type="checkbox"/>	

(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.) *

Spud a 17-1/4" hole on 5-31-84 at 1600 hrs. Drilled to 391'. Set 13-3/8", 48#, H-40 casing at 391' and cemented with 510 cu. ft. Class B with 2% CaCl₂. Circulated cement to surface. Pressure tested casing to 1200 psi. Drilled a 7-7/8" hole to a TD of 8127' on 6-19-84. Set 4-1/2", 11.6#, N-80 casing at 8127'. Stage 1: cemented with 944 cu. ft. Class B Neat. Stage 2: cemented with 1,593 cu. ft. Class B Neat and tailed in with 118 cu. ft. Class B Neat. Circulated to surface. The DV tool was set at 5213' and the rig released on 6-20-84.

18. I hereby certify **Original Signed** and correct

SIGNED **B. D. Shaw**

TITLE **Adm. Supervisor**

DATE **7-26-84**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

AUG 06 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY **Smn**