

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078767                             |  |
| 2. NAME OF OPERATOR<br>Amoco Production Company   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |  |
| 3. ADDRESS OF OPERATOR<br>501 Airport Drive, Farmington, New Mexico 87401   |  | 7. UNIT AGREEMENT NAME<br>Rosa Unit  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1050' FNL x 790' FEL  |  | 8. FARM OR LEASE NAME  |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>116   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6280' GR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin DK/ undes. GP                        |  |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data<br>NOTICE OF INTENTION TO:<br>TEST WATER SHUT-OFF <input type="checkbox"/> PELL OR ALTER CASING <input type="checkbox"/><br>FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/><br>SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/><br>REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>(Other) <input type="checkbox"/><br>SUBSEQUENT REPORT OF:<br>WATER SHUT-OFF <input type="checkbox"/> REPAIRING WELL <input type="checkbox"/><br>FRACTURE TREATMENT <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>SHOOTING OR ACIDIZING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/><br>(Other) Additional Completion <input checked="" type="checkbox"/><br>(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.)  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>NE/NE Sec. 24, T31N, R6W |  |
|   |  | 12. COUNTY OR PARISH<br>Rio Arriba   |  |
|   |  | 13. STATE<br>NM  |  |

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JAN 08 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

Moved in and rigged up service unit 10-29-84. Released the packer at 7400' and began swabbing. Tripped in with a packer and set it at 7465'. Reset the packer at ~~7471~~ 7297' set the sliding sleeve at ~~7911~~ 7289', and landed the 2-3/8" tubing at 7930'. Released the rig on 11-13-84.

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OIL OIL DIV.  
DCT. 3

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

SIGNED B. D. Shaw TITLE Administrative Supervisor DATE 12-27-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE JAN 10 1985

FARMINGTON RESOURCE AREA

BY SM

\*See Instructions on Reverse Side

NMOCG