

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

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		6. LEASE DESIGNATION AND SERIAL NO. SF-078770
2. NAME OF OPERATOR Amoco Production Co.		7. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		8. UNIT AGREEMENT NAME Rosa Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal law. See also space 17 below.) At surface 840' FSL x 860' FWL		9. FARM OR LEASE NAME
14. PERMIT NO.		10. WELL NO. 112
15. ELEVATIONS (Show whether GR or CR) 6780' GR		11. FIELD AND POOL, OR WILDCAT Basin Dk/Undes. Glp.
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		12. SW, T., R., M., OR BLK. AND SURVEY OR AREA SW/SW Sec 27 T31N R5W
		13. COUNTY OR PARISH Rio Arriba
		14. STATE NM

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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	WELL OR ALTER Casing
FRACURE TREAT	WELLBore COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	Status Sundry

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACURE TREATMENT	ALTERING Casing
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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.)*

Amoco Production Company wishes to inform you that the subject well is shut-in waiting on an evaluation to recomple into the Mesaverde formation. The completion of the well has been deferred until later this year.

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OIL CON. DIV.
DIST. 3

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

SIGNED BSShaw TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

3-6-86
ACCEPTED FOR RECORD

DATE MAR 19 1986

FARMINGTON RESOURCE AREA

BY sm

*See Instructions on Reverse Side

NMOCC