

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

SF-078892

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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

1720' FNL x 1150' FEL  
18 3/4" 17 1/2"

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BUREAU OF LAND MANAGEMENT

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, WT, GR, etc.)

6767' GR

7. UNIT AGREEMENT NAME

Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.

104

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/Undes. Gallup

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

SE/NE, Sec. 14, T31N, R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other) Change casing

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE 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 requests approval to change the casing from 11-3/4", 42#, H-40 to 13-3/8", 54.5 #, J-55

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OIL CON. DIV.  
DIST. 3

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

SIGNED

Original Signed By  
B. D. Shaw

TITLE

Adm. Supervisor

DATE

10-29-84

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DEC 14 1984

DATE

Va/ J. Stan McKee

FARMINGTON DIST. OFFICE

\*See Instructions on Reverse Side