

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-080517
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E. 30th Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1255' FNL x 1450' FEL	8. FARM OR LEASE NAME Holmberg Gas Com C
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Cedar Hill Fruitland Basal Co.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NE Sec 28, T32N, R10W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 6040' GR	13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Initial Completion <input checked="" type="checkbox"/>	

(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.)

Moved in and rigged up service unit on 10-9-87. Pressure tested production casing to 5000 psi. Perforated the following intervals: 2822' - 2843', 2852' - 2856', 4 jspf, .50" in diameter, for a total of 100 holes. Acidized the following intervals with 15% HCL: 2820' - 2826', 2826' - 2832', 2832' - 2838', 2838' - 2844', 2851' - 2857'. Fraced interval 2822' - 2856' with 109,000 gals. 30# crosslinked gel and 199,000# 12-20 mesh brady sand. Tagged sand fills and circulated hole clean. Landed 2-7/8" tubing at 2879' and released the rig on 10-21-87.

RECEIVED
NOV 11 1987
FARMINGTON RESOURCE AREA
NEW MEXICO

RECEIVED
NOV 04 1987
OIL CON. DIV.
DIST. 3

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

SIGNED <u>BSShaw</u>	TITLE <u>Adm. Supervisor</u>	DATE <u>10-26-87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>NOV 2 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

CONFIDENTIAL K14