

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. I-22-IND-52 |
| 2. NAME OF OPERATOR Amoco Production Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico | | 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 220' FNL x 220' FWL | | 8. FARM OR LEASE NAME P and R Section |
| 14. PERMIT NO. | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether of, at, or etc.) 6500' DF | | 10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota |
| BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NW Sec. 1, T31N, R14W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

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 PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Fracture

(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 the service unit on 3-8-84. Fraced interval 2160-2286' with 77,000 gal. 70 quality nitrogen foam containing 20#/1000 gel, 1 gal. surfactant/1000 gal. fluid and 114,000# 20-40 sand. Landed the 2-3/8" tubing at 2293' and released the rig on 3-13-84.

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

SIGNED Original Signed By B.D. Shaw TITLE Admin. Supervisor DATE 3-19-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 2 1984

*See Instructions on Reverse Side

BY John L. Shaw