

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 a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. I-149-IND-8478	
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribal	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		7. UNIT AGREEMENT NAME Gallegos Canyon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State law. See also space 17 below.) At surface 1750' FNL X 990' FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 177E	
15. ELEVATIONS (Show whether above or below ground level) 5667' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec 31, T28N, R12W		12. COUNTY OR PARISH San Juan	
13. STATE New Mexico			

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) Extension Request ☒			

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 an extension of the APD for the above referenced well.

FEB 03 1985
OIL COAL DIV.
DIST. 3

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

SIGNED B. Shaw TITLE Adm. Supervisor DATE 12-4-85
(This space for Federal or State office use)
APPROVED BY MINERALS TITLE MINERALS DATE 12-4-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC