

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal 396	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 501 Airport Drive, 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 790' FNL X 1720' FWL		8. FARM OR LEASE NAME Jicarilla Tribal 396	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7341' GR		10. FIELD AND POOL, OR WILDCAT West Lindrith Gallup Dakot	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec. 17, T23N, R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/> Completion	

(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 6/13/84. Total depth of the well is 7619' and plugback depth is 7578'. Squeezed 4126'-4125' with 236 cu. ft. Class B Neat. Perforated 7470'-7452', 7278'-7260', 2 jspf, .38" in diameter, for a total of 92 holes. Fraced interval 7374'-7260' with 63,000 gal 30# 2% KCL, 1 gal surfactant/1000 gals and 75,000 #20-40 mesh sand. Perforated the following intervals: 6444'-6410', 6370'-6310', 6290'-6190', 1 jspf, .38" in diameter, for a total of 194 holes. Fraced interval 6190'-6444' with 44,000 gal pad, 20,000 gal 1#/gal 20-40 sand, 70,000 gal 2#/gal sand, 6,174 gal 2% KCL.

Landed 2-7/8" tubing at 7381' and released the rig on 7/18/84.

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

SIGNED

Original Signed By
B. D. Shaw

TITLE Administrative Supervisor

DATE 7/30/84

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

AUG 15 1984

NMOC
*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

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