

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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"/>	<b>RECEIVED</b> <b>DEC 30 1986</b> BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
2. NAME OF OPERATOR Amoco Production Co.	
3. ADDRESS OF OPERATOR 2325 E. 30 St., Farmington, NM 87401	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL x 1750' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DT, RT, OR, etc.) 7312' KB

5. LEASE DESIGNATION AND SERIAL NO. NM-01141	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Fred Phillips B	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Tapacito Pictured Cliffs	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SW Sec 10, T25N, R3W	
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:		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 12-19-86. Spotted 57 cu. ft. Class B cement from 3800'-3460'. Tripped out 2-3/8" tubing. Spotted 30 cu. ft. Class B cement from 200' to the surface. Spotted 9.2 ppg mud between the cement plugs. Cut off wellhead and erected a PxA marker. Released the rig. Plugged and abandoned the subject well on 12-22-86.

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

SIGNED

TITLE Adm. Supervisor

DATE 12-29-86

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

NMOCC