

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget 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. (Both) OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-40640
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1650' FNL X 990' FWL		8. FARM OR LEASE NAME Amoco Federal Oso Canyon
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7445' GR		10. FIELD AND POOL, OR WILDCAT Wildcat Gallup/Wildcat Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NW Sec. 24, T24N, R2W
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u>	
(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 6-22-84. Total depth of the well is 8250' and plugback depth is 8205'. Pressure tested production casing to 3850 psi. Perforated 8030'-8004', 8 jspf, .33" in diameter, for a total of 208 holes. Set a cement retainer at 7975'. Squeezed 7975'-8205' with 236 cu. ft. Class B, 1% CaCl₂. Sting out of retainer and reverse out approximately 11 cu. ft. of cement. Perforated 7934'-7926', 4 jspf, .33" in diameter, for a total of 32 holes. Fraced interval 7926'-7934' with 20,000 gal 30# gel, 2% KCL containing 1 gal surfactant/1000 gal fluid and 175,000 #20-40 sand.

Landed 2-7/8" tubing at 7926' and released the rig on 7-7-84.

In response to your letter 3162.3 (016) dated July 19, 1984, the cement was circulated to the surface after the 5-1/2" casing was set.

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

SIGNED Original Signed By B. D. Shaw TITLE Administrative Supervisor DATE July 30, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

AUG 16 1984

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY SM