

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 back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Amoco Production Co.

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State law or regulation.
See also space 17 below.)
At surface 1650' FNL x 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether **BUREAU OF LAND MANAGEMENT**
7445' GR **FARMINGTON RESOURCE AREA**)

5. LEASE DESIGNATION AND SERIAL NO.
NM-40640

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal Oso Canyon

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito Gallup

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

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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"/>
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 PLANE <input type="checkbox"/>
(Other) Pump Test	X

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)	

(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 permission to pump test this well to evaluate indemnification economics. Verbal approval given by John Keller (BLM-Farmington) to Mike Marlan (Amoco-Farmington) on 5-13-86. The test will be conducted for a one-week period. In addition, royalties will be paid on vented gas per instructions received from the Royalty Management DIVISION.

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OIL CON. DIV.
DIST. 3

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

SIGNED BSShaw

TITLE Adm. Supervisor

DATE 5-13-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 20 1986

AREA MANAGER

*See Instructions on Reverse Side

NMOCCL