

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPLICATE
(Other instructions on reverse)

Form approved
BLM Bureau No. 1004-0135
Expires August 31, 1985
BLM Permit Number and Serial No.

NM-01141

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 these proposals.)

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1800' FSL x 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR)
7300' GR

6. IF INDIAN, ADOPTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fred Phillips Gas Com "A"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Ojito Gallup Dakota/Blanco

11. SEC. T., R., M., OR BLK. AND
E. 1/4 OR AREA
NE/SW Sec. 10, T25N, R3W

12. COUNTY OR PARISH
Arriba

13. STATE
NM

RECEIVED

MAY 31 1984

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WELL PLUGGED	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ALLOTT	☐		☐
REPAIR WELL	☐		☐
(Other) Additional geologic tops	☐		☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details of proposed work. If additional geologic markers are identified, include their location relative to this work.)

Report results of well test, shut-in, or completion test (on separate or Completion Report and Log form.)

Indicate pertinent dates, from any estimated date of starting may and include vertical distance of markers and any other pertinent data.

Additional information on estimated tops of important geologic markers and potential water, oil, or gas bearing formations for the supplement to form 3160-3 is as follows:

Formation	Depth	Elevation
Ojo Alamo	3420'	3897
Fruitland	3520'	3797
Menefee	5600'	1717

Please reference Application for Permit to Drill, Deepen, or Plug Back dated 5-16-84.

I hereby certify that the foregoing is true and correct.

Signature of Administrative Supervisor

TITLE Administrative Supervisor

DATE May 25, 1984

NAME D. Shaw

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY