

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 ☐ 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 Dr., R., or E.)
7300' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF-079549

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GAS (Conn't)
Fred Phillips B-100, GP-2 BK/

9. WELL NO.
1

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

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

RECEIVED
SEP 05 1984

BUREAU OF
FARMINGTON

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐		
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☒		

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 your approval to change the casing program on the above well as follows:

7" Casing 32.3#, H-40 to be changed to 5-1/2" Casing 15.5#, K-55

APD is dated May 16, 1984.

RECEIVED
SEP 07 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Original Signed By TITLE Adm. Supervisor DATE SEP 07 1984

D.D. Lawson

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC