

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM - 01140
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 1115' FNL X 1820' FWL		8. FARM OR LEASE NAME Fred Phillips "G"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 7182' GR		10. FIELD AND POOL, OR WILDCAT Blanco MV/Ojito GP-DK
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) Casing Change	<input checked="" type="checkbox"/>		

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.)*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Amoco Production Company requests approval to change the 7", 26#, K-55 casing on the APD dated 6-7-84 to 5-1/2", 17#, H-40 casing.

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

SIGNED Original Signed By TITLE Adm. Supervisor
B. D. Stan
(This space for Federal or State office use)

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

APPROVED
DATE <u>11/19/84</u>
DATE <u>NOV 21 1984</u>
<u>/s/ J. Stan McKee</u>

*See Instructions on Reverse Side

NMOCC