Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEME	-	5. LEASE DESIGNATION	AND BERIAL HO.	
SUN	DRY NOTICES AND REPORTS form for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT" for	ON WELLS	6. IF INDIAN, ALLOTTE	Contract 148	
OIL GAB WELL	OTMEE	SEP 27 1985	7. UNIT AGREEMBET NA	ME	
NAME OF OPERATOR ADDRESS OF OPERATOR 501	Amoco Production Co.Bu FAirport Drive, Farmingto	ANIMINGTON RESOURCE AREA	8. FARM OR LEASE NAM Jicarilla (9. WBLL HO. 42	Contract 148	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2230' FNL x 1950' FEL			W. Lindrith	10. FIELD AND POOL, OR WILDCAT W. Lindrith Gallup-Dakota 11. ERC., T., B., M., OR BLK. AND BURNEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether to	DF, RT, GR, etc.)		4, T25N, R5W 18. STATE New Mexico	
16. No	Check Appropriate Box To Indicate I		r Other Data		
TEST WATER REUT-OFF PRACTURE TREAT SHOOT OR ACIDIES REPAIR WELL (Other)	PCLL OR ALTER CABING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Comple (Note: Report reso	its of maitinle complete.	SING X	
17. DESCRIBE PROPOSED OR CO proposed work. If w nent to this work.) *	OMPLETED OPERATIONS (Clearly state all pertiner ell is directionally drilled, give subsurface local	Completion of Recol	inpletion Report and Log for	na.)	
production intervals in diamet with 8232 Set a retintervals in diamet with 3078 bridgeplureleased	and rigged up service up a casing to 3800 psi for the service and casing to 3800 psi for the service and casing to 3800 psi for the service and the rig on 9-17-85.	or 30 minutes. P 464', 7486'-7512 holes. Fraced i 900 #20-40 brady 7050'. Perforat 740', 6792'-6830 holes. Fraced i 900 # 20-40 brady 2 3/8" tubing a	erforated the ', 4 jspf, .50 nterval 7306'-sand. ed the followi', 2 jspf, .50 nterval 6452'-sand. Retriet 7514' and	following)" -7512' ing)" -6830'	

OCT 08 1985

OIL COM. SHI.

DIST.

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*See Instructions on Reverse Side NMOCC

I hereby certify that the foregoing is true and correct

(This space for Federal or State office use)

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY:

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