

Form 1004-0135
(November 1983)
(Formerly 9-331)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 09000035
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N.M. 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 2000' FNL x 1120' FEL		8. FARM OR LEASE NAME Jicarilla Apache Tribal 35
14. PERMIT NO.		9. WELL NO. 28
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6742' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec2, T24N, R5W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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)	<input checked="" type="checkbox"/> Spud and Set Casing		<input checked="" type="checkbox"/>

(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.)*

Spud a 12-1/4" hole on 7-22-85 at 0700 hrs. Drilled to 383'. Set 8-5/8", 24#, K55 casing at 383' and cemented with 354 cu. ft. Class B ideal. Circulated cement to surface. Pressure tested casing to 1000 psi for 30 minutes. Drilled a 7-7/8" hole to a TD of 7345' on 8-3-85. Set 5-1/2", 15.5#, J55 casing at 7337'. Stage 1: cemented with 135 cu. ft. Class B and tailed in with 236 cu. ft. Class B. Stage 2: cemented with 983 cu. ft. Class B. Circulated cement to surface after both stages. The DV tool was set at 5463' and the rig was released on 8-4-85.

AUG 20 1985
OK
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

B. Shaw

TITLE

Adm. Supervisor

DATE

8-13-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

8-15

*See Instructions on Reverse Side

FARMINGTON, N.M. 87401

NMOC