

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 to test a well. Use "APPLICATION FOR PERMIT" for such purposes.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ SEP 27 1985

2. NAME OF OPERATOR  
Amoco Production Co.

3. ADDRESS OF OPERATOR  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA  
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1020' FNL x 860' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6726' GR

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Contract #35

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla Apache Tribal 35

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
West Lindreth Gallup Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
NW/NW Sec. 12, T24N, R5W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

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"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

(Other) Casing change request ☒

(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 Co. requests approval to alter the casing program on the above referred well as follows:

new surface casing size = 9 5/8" 32#, K-55  
new production hole size = 8 3/4"  
new production casing size = 7" 23#, 26#, K-55  
stage tool @ 4500'

1st stage 800 c.f. class B  
2nd stage 1280 c.f. class B  
Verbal approval received from Jim Lavato to Bob Davids on September 17, 1985. Also the field should be the West Lindreth Gallup Dakota rather than the Basin Dakota.

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

SIGNED Steve H. [Signature] TITLE Adm. Supervisor DATE September 17, 1985

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: