

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 10 5
Expires August 31, 1987

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-04073-A
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E. 30th 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 1660' FNL x 1680' FWL	8. FARM OR LEASE NAME Hill Trust Federal Com
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 7369' GR	10. FIELD AND POOL, OR WILDCAT Gavilan Grnhn Graneros and Gavilan Mancos Ext
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NW Sec 5, T25N, R2W
	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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Initial Completion <input checked="" type="checkbox"/>	
(Other) <input 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.)

Moved in and rigged up service unit on 11-30-87. Drilled out DV tool and cement to a plugback depth of 8352'. Pressure tested casing to 3800 psi and displaced with 2% KCL water. Perforated the following intervals: 7468' - 7488', 7488' - 7508', 7368' - 7468', 2 jspf, .50" in diameter, for a total of 280 holes. Fraced interval 7368' - 7508' with 105,924 gals 30# crosslinked gel and 114,000# 20-40 mesh brady sand. Landed 2-7/8" tubing at 7559'. Ran pump and rods and released the rig on 12-12-87.

RECEIVED

DEC 29 1987

OIL CON. DIV.

DIST. 3

ACC.

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

SIGNED

BSShaw

TITLE Adm. Supervisor

DATE 12-17-87

(This space for Federal or State office use)

APPROVED BY

TITLE

BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

CONFIDENTIAL