

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Amoco Production Company</u>	8. FARM OR LEASE NAME <u>Southern Union Federal Com</u>
3. ADDRESS OF OPERATOR <u>2325 E. 30th St - Farmington NM 87401</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1650' FNL X 1650' FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Regina Gallup</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SFWW-Sec. 36-T24N-R1W</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7217' GL</u>	12. COUNTY OR PARISH <u>Rio Arriba</u>
	13. STATE <u>NM</u>

16. 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"/>		<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) <u>Additional Completion</u>	<input checked="" type="checkbox"/>		<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.)

Moved in and rigged up service unit on 10-19-88. Clean out 32' of fill. Trip in with 2 7/8" tubing + tubing anchor. Tubing landed at 5750'. Released the rig at 1800 hrs. on 10-25-88.

RECEIVED
NOV 15 PM 12:59
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
NOV 21 1988
OIL CON. DIV.
DIST. 2

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

SIGNED B. J. Shaw TITLE Adm. Supervisor DATE 11-11-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCC

ACCEPTED FOR RECORD

NOV 17 1988

FARMINGTON RESOURCE AREA

KH

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.