

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
2325 East 30th Street, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface:
970' FNL x 1110' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DT, RT, GR, etc.)
7158' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Apache 102

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache 102

9. WELL NO.
6A

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC., T., R., N., OR E. AND SURVEY OR AREA
NW/NW Sec 3, T26N, R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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 3-21-88. Set a castiron bridgeplug at 5015' and spotted 10 gals sand on top. Isolated casing leaks from 3221' - 3435'. Set a cement retainer at 3323' and squeezed with 118 cf Class B cement. Milled out cement and retainer. Landed 2-3/8" tubing at 2491'. Released the rig on 4-4-88.

RECEIVED
MAIL ROOM
68 APR 14 PM 4:22
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
APR 25 1988
OIL CON. DIV.
DIST. 2

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

SIGNED C. B. Douglas TITLE Adm. Supervisor DATE 4-11-88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE APR 20 1988
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side