

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract 155 | |
| 2. NAME OF OPERATOR Amoco Production Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribe | |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, 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 790' FNL X 1275' FEL | | 8. FARM OR LEASE NAME Jicarilla Contract 155 | |
| 14. PERMIT NO. | | 9. WELL NO. 33 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6577' GR | | 10. FIELD AND POOL, OR WILDCAT Blanco Mesaverde | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NE Sec. 29, T26N, R5W | |
| | | 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"/> |
| 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"/> | |

| | |
|--|--|
| 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 type="checkbox"/> Spud & Set Casing | |

(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 7-10-84 at 1600 hrs. Drilled to 325'. Set 8-5/8", 24#, K-55 casing at 325' and cemented with 480 cu. ft. Class B, 2% CaCl₂. Circulated cement to surface. Pressure tested casing to 1500 psi. Drilled a 7-7/8" hole to a TD of 5422' on 7-17-84. Set 4-1/2", 10.5#, J-55 casing at 5422'. Stage 1: cemented with 462 cu. ft. Class B 50:50 poz, 6% gel, .8% FLA and tailed in with 118 cu. ft. Class B Neat. Stage 2: cemented with 1,281 cu. ft. Class B 65:35 poz 6% gel, .8% FLA and tailed in with 118 cu. ft. Class B Neat. Circulated to surface after both stages. Set the DV tool at 4001' and released the rig on 7-18-84.

RECEIVED
AUG 10 1984
OIL CON. DIV.
DIST. 3

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

SIGNED Original Signed By B. D. Shaw TITLE Administrative Supervisor DATE July 30, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 08 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RY Smm