

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Apache "B"
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache 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' FSL x 1770' FWL	8. FARM OR LEASE NAME Jicarilla Apache 118
	9. WELL NO. 11
	10. FIELD AND POOL, OR WILDCAT Undes. Gallup/Undes. Dk.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec. 36, T26N, R3W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7357' GR	13. STATE NM

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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"/>		

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) Spud & Set casing	<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.)*

Spud a 12-1/4" hole on 9/22/84 at 1600 hrs. Drilled to 312'. Set 9-5/8", 32.3#, H-40 casing at 312' and cemented with 437 c.f. Class B. Circulated cement to surface. Drilled an 8-3/4" hole but had to stop and plugback with the following plugs: 210 c.f. Class H at 2139'-1701', 210 c.f. Class H at 1701'-1296', 301 c.f. Class H at 1296'-767'. Circulated out cement on top of plug. Began sidetracing at 889' to a TD of 8437'. Set 5-1/2", 15.5#, K-55 casing at 8437'. Stage 1: cemented with 813 c.f. Class B 50:50 poz, 6% gel and tailed in with 554 c.f. Class B 50:50 poz, 2% gel. Stage 2: cemented with 2600 c.f. Class B 65:35 poz, 6% gel, 2#/5x tuf plug. Circulated to surface after both stages. The DV tool was set at 5484' and the rig was released on 10/16/84.

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ON CON. DIV.

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

SIGNED Original Signed By B. D. Shaw TITLE Administrative Supervisor DIST. 3 ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY TITLE DATE DEC 06 1984

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

RV S m

*See Instructions on Reverse Side

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