

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 ☒ 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 790' FSL x 1770' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, FARMINGTON RESOURCE AREA
7372' KB

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Apache A 118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Apache A 118

9. WELL NO.
11/

10. FIELD AND POOL, OR WILDCAT
NE Ojito Gallup-Dakota

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
SE/SW Sec. 36, T26N, R3W

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:

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 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 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 5-6-87. Tripped out rods and pump. Ran casing scraper from 7150' - 7532'. Set a cast iron bridgeplug at 7800'. Perforated the following intervals: 7235' - 7255', 4 jsfp, .50" in diameter, for a total of 80 holes. Landed 2-3/8" tubing at 7713'. Ran pump and rods. Pressure tested pump to 500#. Released the rig on 5-11-87.

RECEIVED
MAY 21 1987
OIL CON. DIV./
DIST. 3

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

SIGNED BSShaw

TITLE Adm. Supervisor

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

MAY 19 1987
DATE

FARMINGTON RESOURCE AREA

BY SM

*See Instructions on Reverse Side