

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 wells. Apply back to BLM for a different receipt.
Use "APPLICATION FOR PERMIT" for such proposals.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

SEP 13 1985

NAME OF OPERATOR

Amoco Production Co.

ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N.M. 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1970' FNL x 2300' FWL

PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

7339' GR

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Apache A 118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Apache A 118

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

W. Lindrith Gallup Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SE/NE Sec 26, T26N, R3W

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Correction

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

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.)*

The surface casing on the subject well was reported as 8-5/8" 15.5# K55.
The report should have been read 8-5/8" 24# K55.

RECEIVED

SEP 18 1985

OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

B. S. Shaw

TITLE Adm. Supervisor

DATE 9-10-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

PROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY