

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 wells or to conduct tests of oil or gas.
Use "APPLICATION FOR PERMIT..." for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		OCT 09 1985	
2. NAME OF OPERATOR Amoco Production Co.		BUREAU OF LAND MANAGEMENT	
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401		FARMINGTON RESOURCE AREA	
4. 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			
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 7339' GR	
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. 16		10. FIELD AND POOL, OR WILDCAT Ojito Gallup-Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec 26, T26N, R3W		12. COUNTY OR PARISH Rio Arriba	
13. STATE New Mexico			

6. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Supplemental	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

7. 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.) *

This sundry supplements a preceding sundry dated 8-30-85.
Before the pump was landed, a retrievable bridgeplug was
landed at 7600' and 2-3/8" tubing was landed at 7515'.

RECEIVED
OCT 15 1985
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Adm. Supervisor DATE 10-7-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC