

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 E. 30th Farmington, NM 87401

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 DF, RT, GR, etc.)
7339' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Apache 118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache Tribe

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/NW Sec 26-T26N-R3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Venting Casinghead Gas <input checked="" 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.)*

Amoco requests a six month approval to vent casinghead gas on the above subject well. Equipment changes are being evaluated to eliminate the need to vent gas. Estimated vent volume is 30 MCFD.

APPROVED SUBJECT TO
PER BIA Duke

SLP 28 1987
OIL CON. DIV.
DIST. 9

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

SIGNED [Signature] TITLE Adm. Supervisor DATE 9-22-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

[Signature]
AREA MANAGER