

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		88 JUL 12 PM 1:21	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Apache A 118
2. NAME OF OPERATOR Amoco Production Company		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe
3. ADDRESS OF OPERATOR 2325 East 30th Street 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 1970' FNL x 2300' FWL			8. FARM OR LEASE NAME Jicarilla Apache A 118
			9. WELL NO. 16
			10. FIELD AND POOL, OR WILDCAT NE Ojito Gallup-Dakota
			11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SE/NW Sec 26 T26N R3W
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7339' GR	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:		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) Vent Gas		(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 an extension to vent casinghead gas from the subject well. Equipment changes are being evaluated to eliminate the need to vent gas. The estimated volume of gas vented is 30 mcf/d. Please contact Dana Delventhal at ext. 227 with any questions.

RECEIVED
JUL 20 1988
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES JAN 14 1989

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>BSShaw</u>	TITLE <u>Adm Supervisor</u>	DATE <u>July 11, 1988</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>JUL 14 1988</u>
CONDITIONS OF APPROVAL, IF ANY:		
*See Instructions on Reverse Side		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Vent Gas

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

COCC

JUL 14 1988

JAMES E. EDWARDS JR.

*See Instructions on Reverse Side