



STATE OF NEW MEXICO  
**ENERGY AND MINERALS DEPARTMENT**  
OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

GARREY CARRUTHERS  
GOVERNOR

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

*U-36-26N-3W*

March 11, 1988

Mr. R. J. Broussard  
Amoco Production Co.  
2325 East 30th St.  
Farmington, NM 87401

Re: Jicarilla Apache A118 #14

Dear Mr. Broussard:

I can be available any day next week to witness the GOR meter test on the referenced well, provided I am given a 24 hour notice.

Yours truly,

Charles Gholson  
Deputy Oil & Gas Inspector

CG/dj

xc: Well File *[initials]*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Apache 118	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache Tribe	
3. ADDRESS OF OPERATOR 2325 E. 30th 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 835' FNL x 2310' FWL		8. FARM OR LEASE NAME Jicarilla Apache A 118	
14. PERMIT NO.		9. WELL NO. 14	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7473' GR		10. FIELD AND POOL, OR WILDCAT Ojito Gallup - Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec 36-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"/>
(Other) 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 THE FOLLOWING CONDITIONS:  
PER BIA Dulce

THIS APPROVAL EXPIRES

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

SIGNED <u>B. Shaw</u>	TITLE <u>Adm. Supervisor</u>	DATE <u>9/22/87</u>
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(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side