

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 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"/>                                                | 5. LEASE DESIGNATION AND SERIAL NO.<br>Jicarilla Apache A 118               |
| 2. NAME OF OPERATOR<br>Amoco Production Company                                                                                                                 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla Apache                    |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>835' FNL x 2310' FWL | 8. FARM OR LEASE NAME<br>Jicarilla Apache A 118                             |
|                                                                                                                                                                 | 9. WELL NO.<br>14                                                           |
|                                                                                                                                                                 | 10. FIELD AND POOL, OR WILDCAT<br>NE Ojo Gullup - Dakota                    |
|                                                                                                                                                                 | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>NE/NW Sec 36, T26N, R3W |
| 14. PERMIT NO.                                                                                                                                                  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>7473' GR                  |
|                                                                                                                                                                 | 12. COUNTY OR PARISH<br>Rio Arriba                                          |
|                                                                                                                                                                 | 13. STATE<br>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"/>                        | FULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>                             | MULTIPLE COMPLETION <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 PLANE <input type="checkbox"/>         | (Other) <input type="checkbox"/>                                                                      |                                          |
| (Other) Vent gas for 7-day Test <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 Production Company requests approval to vent gas from the subject well for a 7-day compression test. Testing is necessary to determine if a bigger compressor should be utilized. Estimated vented gas is 100 mcf/d at a value of \$150 per day. Please contact Dana Delventhal at 326-9227 if you have any questions.

RECEIVED  
JUL 11 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*B. J. Shaw*

TITLE

Adm. Supervisor

DATE

7-1-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*F. J. Kelly*

\*See Instructions on Reverse Side