

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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.)

RECEIVED

JUL 24 1986

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Apache A-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 1680' FNL x 860' FEL	8. FARM OR LEASE NAME Jicarilla Apache A-118
14. PERMIT NO.	9. WELL NO. 18
15. ELEVATIONS (Show whether OF, ET, GR, etc.) GR 7459'	10. FIELD AND POOL, OR WILDCAT Ojito Gallup Dakota
	11. SEC., T., R., M., OR ALK. AND SUBST OR AREA (H) SE/NE Sec. 36 T26N R3W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	RELL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☐	Formation Name Change ☒

(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.)

Per Ernie Bush NMOCD, the name of the field is now the NE Ojito Gallup Dakota.

RECEIVED
JUL 30 1986
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED B. S. Shaw TITLE Adm. Supervisor

DATE 7-21-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____

DATE JUL 29 1986

NMOCC

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY Sm