

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MINIMUM TRIPlicate
(Minimum 100 copies of form
must be submitted)

Bureau Form No. 1166-5
Expires August 31, 1985

1. LAND DESIGNATION AND SERIAL NO.
Jicarilla Apache A118

2. IF INDIAN, ALLEGIANCE OF TRIBE NAME

Jicarilla Apache Tribe

3. UNIT SUBSEQUENT NAME

4. NAME OF LAND NAME

Jicarilla Apache A 118

5. WELL NO.

18

6. FIELD AND POOL, OR WILDCAT

NE Ojito Gallup-Dakota

7. SECTION, TOWNSHIP, RANGE, AND
COUNTY OR AREA

SE/NE Sec 36, T26N, R3W

8. COUNTY OF FARMING 9. STATE

Rio Arriba

NM

OIL ☒ GAS ☐ OTHER ☐

NAME OF OPERATOR

Amoco Production Co.

ADDRESS OF OPERATOR

2325 E. 30 St., Farmington, NM 87401

LOCATION OF WELL (REPORT location clearly and in accordance with any State
law also specify 17 degree)

ALL SURFACE 1680' FNL x 860' FEL

RECEIVED

SEP 24 1986

PERMIT NO.

10. ELEVATIONS (Show whether of

7459' GR

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

FEET WATER SHUT-OFF

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☐
☐
☐

WELL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON

REPAIR WELL

CHANGE PLANS

(Other) Extend APD

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

☐
☐
☐

(NOTE: Report results of multiple completion or well
completion or abandonment report and log logs.)

DISCLAIMER: PROPOSED OR COMPLETED OPERATIONS (Clearly state all proposed operations and give detailed description including estimated date of completion and
production well. If well is discontinuously drilled, give cumulative measures and operations and (For vertical wells) depth for all intervals and bottom depth
well to last well.)

Amoco Production Company requests approval to extend the Application for Permit
to Drill for the subject well.

RECEIVED
SEP 29 1986
OIL CON. DIV.
DIST. 9

Until April 28, 1987

I hereby certify that the foregoing is true and correct

SIGNED B. Shaw TITLE Adm. Supervisor

DATE 9-22-86

(This space for Federal or State order use)

APPROVED BY _____ TITLE _____

DATE APPROVED

"See instructions on Reverse Side

NMOCC

John S. Keller
FARM AREA