

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
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"/>	7. UNIT AGREEMENT NAME Bear Canyon Unit
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 2325 East 30th Street, Farmington, NM 87401	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 880' FNL x 2280' FWL	10. FIELD AND POOL, OR WILDCAT Gavilan Grnhn Graneros Dk Gavilan Mancos Extension
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec 10, T26N, R2W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7195' 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) <u>Continued Completion</u> <input checked="" type="checkbox"/>	
(Other) <input 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.)

Swab tested interval 7194' - 7338'. Tripped in with hydrostatic bailer and cleaned out sand fills. Landed 2-7/8" tubing and ran pump and rods. Released the rig on 2-10-88 and continued pump testing Lower Gallup interval.

RECEIVED  
BLM MAIL ROOM  
88 MAR 11 PM 1:31  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
MAR 11 1988  
BLM CON. DIV. J  
DIST. 3

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

SIGNED AS Shaw TITLE Adm. Supervisor DATE 3-4-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

CONFIDENTIAL

NMOCC