

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"/>	7. UNIT AGREEMENT NAME Bear Canyon Unit
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 2325 E 30th St Farmington NM 87401	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1830' FSL X 970' FWL	10. FIELD AND POOL, OR WILDCAT Wildcat Drake and Gaulan Mame's Ext.
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA N 30 W 30 E 11 T 26 N R 20
15. ELEVATIONS (Show whether DF, AT, GR, etc.) 7353' GR	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.) *

Operations resumed on 8-23-88. Moved in and rigged up service unit on 8-22-88. Killed well with 46 BBLs. 290 KCL water. Pulled rods. Set cast iron bridge plug at 6547'. Spot 24 cf cement from 6547' to 6537'. Rig down. Released rig on 8-25-88.

RECEIVED
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
08 SEP 13 AM 11:37

RECEIVED
SEP 13 1988
OIL CON. DIST.

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

SIGNED B. Shaw

TITLE Adm. Supervisor

DATE 9-12-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE SEP 16 1988
ACCEPTED FOR RECORD

SEP 16 1988

FARMINGTON RESOURCE AREA

NMOCC

*See Instructions on Reverse Side