

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 <i>San Canyon Unit</i>
2. NAME OF OPERATOR <i>Amoco Production Co.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>2325 East 30th St., Farmington, NM 87401</i>	9. WELL NO. <i>4</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>790 FSL X 850 FWL</i>	10. FIELD AND POOL, OR WILDCAT <i>Wildcat Dakota</i> <i>San Juan Maraca Ext</i>
14. <del>PROPOSED</del> NO. API # <i>30-039-24207</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>SW/4 Sec 2 T26N R24W</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7245' GR</i>	12. COUNTY OR PARISH <i>Re Arriba</i>
	13. STATE <i>NM</i>

16. 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)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<i>Additional completion</i>		<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.)\*

*moved in service unit 12-02-88. Gun rod string and pumping jack. Service unit released 12-06-88 0900 hr.*

RECEIVED  
OIL MAIL ROOM  
59 JAN -3 PM 1:35  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
JAN 3 1988  
OIL COAL DIV  
DIST. 3

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

SIGNED *K.K. Stratton* TITLE *Adm. Supervisor* DATE *12-29-88*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE *12-29-88*

CONDITIONS OF APPROVAL, IF ANY:

*Financing*

FARMINGTON RESOURCE AREA

BY *SMH*

\*See Instructions on Reverse Side