

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-11424
5. LEASE DESIGNATION AND SERIAL NO.

NM 14920

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Valencia Canyon Unit
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME 12
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1475' FNL x 850' FEL, Section 26, T-28-N, R-4-W	10. FIELD AND POOL, OR WILDCAT Choza Mesa Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR RLE. AND SURVEY OR AREA SE/4 NE/4 Section 26, T-28-N, R-4-W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7157' GL, 7167' KB	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) <input type="checkbox"/>	Spud & Set Casing <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.) *

Spudded 12-1/4" hole on 12/20/77. Drilled to 317'. Set 8-5/8" 24# K-55 casing at 317'. Casing was set with 200 sx Class "B", 2% CaCl₂. Good Returns.

Drilled 7-7/8" hole to a total depth of 4250'. Set 4-1/2" 10.5# K-55 casing at 4250' with 1100 sx Class "B", 50:50 Poz, 6% gel, 2 lbs. medium Tuf Plug per sx. Tailed in with 100 sx Class "B" Neat.

Rig released 12/28/77.

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

SIGNED [Signature] TITLE Area Adm. Supervisor DATE 1/30/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 31 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.