



**Amoco Production Company**

501 Airport Drive  
Farmington, NM 87401

R. J. Broussard  
District Manager

**RECEIVED**

OCT 24 1985

Date 10-23-85

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

Address U. S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
CALLER SERVICE 4104  
FARMINGTON, NM 87499

WELL CONFIDENTIALITY

All information regarding this well should be kept strictly confidential. This information should not be given out under any circumstances until the expiration of the confidential time period. If you have any questions, contact Buddy Shaw in Farmington, New Mexico at (505)325-8841.

Sincerely,

LJM/ct

PE9

**RECEIVED**  
OCT 30 1985  
OIL COLL. DIV.  
DIST. 3

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Amoco Production Co.

3. ADDRESS OF OPERATOR  
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1585' FSL X 1505' FEL

14. PERMIT NO.  
OCT 24 1985

15. ELEVATIONS (Show whether OF, RT, GR, etc.)  
7115' GR

5. LEASE DESIGNATION AND SERIAL NO.  
Jicarilla Contract 491

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla Contract 491

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
WC Gallup/WC Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
NW/SE Sec 32, T28N, R2W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

6. BUREAU OF LAND MANAGEMENT Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

FARMINGTON RESOURCE AREA

PREVIOUS OPERATION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Completion	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

7. 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 and rigged up service unit on 9-10-85. Total depth of the well is 8284' and plugback depth is 8205'. Pressure tested production casing to 3900 psi for 30 minutes. Perforated the following intervals: 8169'-8190', 4 jspf, .50" in diameter, for a total of 84 holes. Set a drillable bridgeplug at 8020'. Pressure tested bridgeplug to 1500 psi. Perforated the following intervals: 6980'-7320', 1 jspf, .48" in diameter for a total of 340 holes. Perforated the following intervals: 6848'-6980', 1 jspf, .48" in diameter for a total of 132 holes. Fraced interval 6848'-7320', with 308,346 gal 30# gelled water and 287,500# 20-40 mesh brady sand. Landed 2 7/8" tubing at 7385' and pump and rods. Released the rig on 10-15-85.

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I hereby certify that the foregoing is true and correct

SIGNED BDS Shaw TITLE Adm. Supervisor DATE 10-17-85

This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

CONFIDENTIAL