

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 14922
2. NAME OF OPERATOR Amoco Production Co.	6. IF INDIAN, NAME OF INDIAN NAME Valencia Canyon Unit
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	7. UNIT AGREEMENT APR 18 1986
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800' FSL x 1450' FEL	8. FARM OR LAND NAME DIST. 3
14. PERMIT NO.	9. WELL NO. 45M
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 7188' GR	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Blanco MV
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SE Sec. 34, T28N, R4W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
(Other) Change Well Name <input checked="" type="checkbox"/>			

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.) *

Amoco Production Company requests approval to change the well name of the Valencia Canyon Unit No. 45M to the Valencia Canyon Unit No. 45A since the Dakota formation was P x A and it now infills only to the Mesaverde formation of the VCU # 45.

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

SIGNED B. Shaw TITLE Adm. Supervisor

DATE 4-11-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 11 1986

FARMINGTON RESOURCE AREA

BY Sum

*See Instructions on Reverse Side