

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-58502

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gallegos Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/GallegosGLP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SW/NW Sec25, T27N, R13W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL WELL ☒ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

AT BOTTOM

1850'FNL x 790'FWL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5961'GR

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Name Change

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

Amoco Production Company wishes to inform you that the name of the
subject well has been changed from Amoco Federal Gallegos No.1 to
Gallegos Federal No.1.

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

SIGNED

BD Shaw

TITLE

Adm. Supervisor

DATE 4/24/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY