Form 316.3.5	HNITER	STATES	#11554.000	1/	1 orm approved. Budget Bureau No. 1004-0135
(November 1983) (Formerly 9-331)	DEPARTMENT O	F THE INTE	SUBMIT IN TRIPI (Other lastructions RIOR verse alde)	/ .	Expires August 31, 1985 LEAGE DESIGNATION AND SERIAL NO
	BUREAU OF LA				NM-58502
SUND	RY NOTICES AN	ND REPORTS	ON WELLS	-/	. IF INDIAN, ALLOTTER OR TRIBE HAME
(To not use this to	rm for proposals to drill Jer "APPLICATION FOR	or to decorp or alu	r back to a different assessed	r.	
1	- AFFERENCE FOR	renmit of the	proposals !		1111
WELL X WELL	ОТИКА			, ,	UNIT AGREEMENT HAME
2. MAME OF OPERATOR				8.	FARM OR LEASE NAME
Amoco Production 3. ADDRESS OF OPERATOR	Co.			<u>G</u>	allegos Federal
501 Airport Driv	e, Farmington.	N M 87/01		٧.	WELL NO.
See also space 17 below.)	et location clearly and to	accordance with	E'CETVE	$-\frac{1}{10}$	FIELD AND POOL, OR WILDCAT
At #urface	850' FNL x 790	FWL		<u> 15</u>	nsin DK/Gallegos GLP
			JUN 041985	11	SURVEY OR ARMA
		BURE	AU OF LAND MANAGEMI	ENT C	1/201.0
14, PERMIT NO		ONS (Show wo FAR	MINGTON PEROURCE AR		V/NW Sec 25, T27N, R13W
	5961'	GR		S &	n Juan NM
16	Check Appropriate B	lox To Indicate	Nature of Notice, Repor		
	E OF INTENTION TO:			RUBSEQUBET	
TEST MATER MHET-GER	PER OR STEE	Constant	MATER SHUT-OFF		REPAIRING WELL
PRACTURE TREAT	MULTIPLE COM	FFETE	FRACTURE TREATMENT	r _	ALTERING CARING
PEPAIR WELL	CHANGE PLANS		SHOOTING OR ACIDIZIN		ABANDONMENT
(Other)			(Other) Clean u	results of m	altiple completion on Well Report and Log form.)
			the rig on 5-10-8	· ·	
				E []	
			OH 202	1. 3 1. 017	`` €
I hereby certify that the test strained of the space for Federal or Statement of the strain of the s		TITLE	Adm. Supervisor	A. 4.1.44	DATE 5-29-85
					JUN 08 9 3
	• S	ee Instructions o	n Reverse Side		MARITHMENT MERGONOC AREA
	***	NMO	CC		. }