

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-078902A |
| 2. NAME OF OPERATOR Amoco Production Co. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401 | | 7. UNIT AGREEMENT NAME Gallegos Canyon Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 170' FNL x 960' FEL RECEIVED | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. JAN 16 1986 | 15. ELEVATIONS (Show whether OP, RT, GR, etc.) 5788' GR | 9. WELL NO. 183 R |
| | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes Gallup |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec 9, T27N, R12W |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE New Mexico |

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

| | | | | | |
|---|---|--|--|-----------------------|--|
| BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | | NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PLUG 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) <u>Additional Completion</u> <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.)*

Moved in and rigged up service unit on 12-30-85. Total depth of the well is 6125' and plugback depth is 6076'. Tested tubing and found leak. Replaced bad tubing and landed at 5930'. Landed pump and rods and released the rig on 12-31-85.

JAN 28 1986
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED B. S. Shaw TITLE Adm. Supervisor DATE 1-13-86

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC