

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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.)

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
795' FNL x 1795' FEL

14. PERMIT NO.

15. ELEVATIONS (SURFACE TO RESERVOIR AREA)
6305' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF-077941-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
C.A. McAdams "B"

9. WELL NO.
2E

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/NE Sec 28, T27N, R10W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

RECEIVED
JUN 12 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. 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"/>
SIGHT 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 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 any 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 proposed casing program on the above referenced well and to dual complete the well in the Basin Dakota and the Angles Peak Gallup. The casing program will be changed to the following:

Size of Hole	Casing Size	Weight	Depth	Quantity of Cement
12-1/4"	9-5/8"	32.3#, H-40	300'	354 c.f. Class B
8-3/4"	7"	23#, K-55	6857'	1545 c.f. Class B

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 2

JUN 13 1985
LJM
2-BOS-BOS
SA
ENV
FIS

18. I hereby certify that the foregoing is true and correct
SIGNED BD Shaw TITLE Adm. Supervisor DATE 6/5/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE

JUN 17 1985

M. MILLENBACH
AREA MANAGER

TO WHOM IT MAY CONCERN:
A COPY OF THE ATTACHED APPLICATION *See Instructions on Reverse Side
HAS BEEN FORWARDED TO NMOCC.

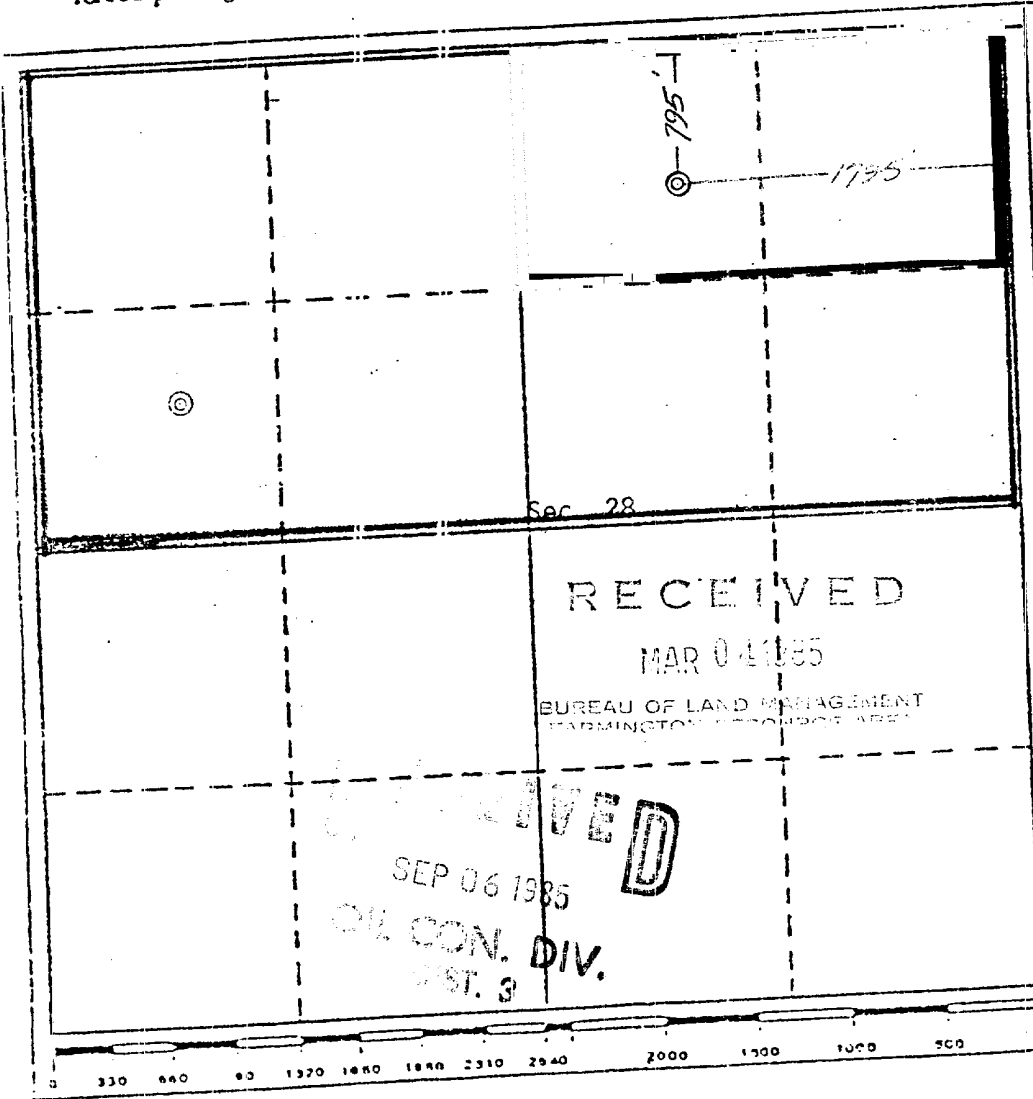
OPERATOR

All distances must be from the outer boundaries of the Section.

AMOCO PRODUCTION COMPANY		Lessee C. A. McADAMS B		Well No. 2 E
Letter B	Section 28	Township 27 N	Range 10 W	County San Juan
Actual Footage Location of Wells 795 feet from the NORTH line and 1795 feet from the EAST line		Dedicated Acreage 320/80 Acres		
Ground Level Elev. 6305	Producing Formation Dakota / Gallup	Pool Basin Dakota / Angels Peak Gallup		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____
If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

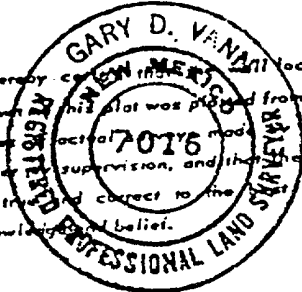


CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name B.D. Shaw
Position Adm. Supervisor
Company Amoco Production Co.
Date 2-25-85

I hereby certify that the location shown on this plat was plotted from field notes and checked by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.



Date Surveyed December 20, 1984
Registered Professional Engineer and/or Land Surveyor
Gary D. Vann
Certificate No. 7016

