

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.)

RECEIVED

JUL 02 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078902

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.

194E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/ Undes Gallup

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

NW/SW Sec5, T27N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. PERMIT NO.

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

5614' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

NOTE: SHUT-OFF

FRACURE TREATMENT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Casing Change Sundry

NOTE: SHUT-OFF

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

NOTE: SHUT-OFF

FRACURE 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 pertinent to this work.)

Amoco Production Company requests approval to change the casing program for the subject well. The surface casing used will be 9-5/8", 36#, K55 rather than 8-5/8", 24#, K55. The production casing used will be 7", 23#, J55 rather than 4-1/2", 9.5#, K55. The hole size for the production casing will be 8-3/4" rather than 7-7/8". The purpose for the casing change is to dual the well in both the Dakota and Gallup zones rather than complete the well as a single Dakota completion.

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

SIGNED

BSShaw

TITLE Adm. Supervisor

DATE

5-15-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 03 1985

M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side

NMCCC