

Form 1160-5
(November 1983)
(Formerly 9-331)

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 for a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO.

SF-077384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Madeline N. Galt "B"

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Fulcher Kutz Pict. Cliffs

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

NE/NW Sec 6, 27N, 10W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, ST, GR, etc.)

5768' GR

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

WELL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRAC. RE TREAT

MULTIPLE COMPLETION

FRAC. TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

(Other) Casing Design

(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 requests approval to change the casing program as follows:

Hole Size

Casing

Cement

8 3/4"

7" 20# K-55

65:35:6 Class B
2% CaCl₂-to surface

6 1/4"

2 7/8" 6.4# J-55

50 SX Class B
2% CaCl₂-1/4# Cellophane

NOTE: Formerly Madeline Galt K #1

RECEIVED

OCT 30 1985

OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Adm. Supervisor

DATE 10-21-85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 25 1985

Original Signed: STEPHEN M. MILLER

*See Instructions on Reverse Side

NMOCC

for M. MILLENBACH
AREA MANAGER