

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SE-047039
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also section 17 below) 840' FSL x 1000' FWL	8. FARM OR LEASE NAME Kutz Federal Gas Com A
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether BS, RT, GR, etc.) 5752' GR	10. FIELD AND POOL, OR WILDCAT Otero Chacra
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA SW/SW Sec8, T28N, R10W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>
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) Spud and Set Casing <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.)

Spud a 12-1/4" hole on 4/1/85 at 1201 hrs. Drilled to 305'. Set 8-5/8", 24#, K55 casing at 305' and cemented with 354 cu.ft. Class B Ideal. Circulated cement to surface. Pressure tested casing to 1000 psi for 30 minutes. Drilled a 7-7/8" hole to a TD of 3100' on 4/4/85. Set 4-1/2", 24#, K55 at 3100'. Cemented with 590 cu.ft. Class B Ideal and tailed in with 118 cu.ft. Class B Ideal. Circulated cement to surface.  
No DV tool was set and rig was released on 4/5/85.

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

SIGNED BD Shaw TITLE Adn. Supervisor DATE 4/22/85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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