

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

EXPIRES DATE 08/31/1985
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-080844

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

T.L. Rhodes "C"

9. WELL NO.

2E

10. FIELD AND POOL, OR WILDCAT

Basin DK/Simpson Gallup

11. SEC., T., S., W., OR BLE. AND
SURVEY OR AREA

se/sw Sec30, T28N, R11W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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

210' FSL x 2340' FWL

14. PERMIT NO.

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

6000' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) status sundry

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 wishes to inform you that the Simpson Gallup formation for the subject well will not be completed until working interest owner approval has been received.

RECEIVED

APR 05 1985

OIL CON. DIV.
DIST. 3

RECEIVED

MAR 26 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED

B. D. Shaw

TITLE Adm. Supervisor

DATE

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

APR 08 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

f

*See Instructions on Reverse Side

NMOCC