

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

PROJECT NUMBER NO. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
SF-0789 04  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	9. WELL NO. 230E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1070' FSL x 1630' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Simpson Gallup
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5771' GR
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA sw/se sec. 23, T28N, R12W	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PCLL 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

MAR 26 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

APR 03 1985

CON. DIV.  
DIST. 3

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

SIGNED Original Signed By

TITLE Adm. Supervisor

ACCEPTED FOR RECORD

DATE 3/18/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

FARMINGTON RESOURCE AREA

BY

\*See Instructions on Reverse Side

NMOCC