

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

3. 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 "B"

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota/ Simpson Gallup

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

sw/sw Sec. 20, T28N R11W

12. COUNTY OR PARISH

13. STATE

San Juan

N.M.

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 ☐ 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

790 FSL x 1160 FWL

RECEIVED
MAR 12 1985
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

14. PERMIT NO.

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

5724' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Status

X

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE IN DETAIL 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 Co. plans to complete the Simpson Gallup when working interest owner approval is received. We anticipate approval to be received within the next 3 months.

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

SIGNED

Original Signed By

D.D. Larson

TITLE

Dist.

Adm. Supervisor

DATE 2-28-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

MAR 20 1985

FARMINGTON RESOURCE AREA

BY

smm

*See Instructions on Reverse Side

NMOCC