

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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. <b>OIL WELL</b> <input type="checkbox"/> <b>CAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> SF-080844	
2. <b>NAME OF OPERATOR</b> Amoco Production Company		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
3. <b>ADDRESS OF OPERATOR</b> 501 Airport Drive, Farmington, New Mexico 87401		7. <b>UNIT AGREEMENT NAME</b>	
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790' FSL x 1160' FWL		8. <b>FARM OR LEASE NAME</b> T.L. Rhodes "B"	
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 1E	
15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 5724' GR		10. <b>FIELD AND POOL, OR WILDCAT</b> Basin Dakota	
11. <b>SBC, T, E, M, OR BLK. AND SURVEY OR AREA</b> SW/SW Sec. 20, T28N, R11W		12. <b>COUNTY OR PARISH</b> San Juan	
		13. <b>STATE</b> New Mexico	

16. **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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRAC TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PCLL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

Amoco Production Company requests approval to multiple complete the subject well in the Pinon Gallup formation with 80 dedicated acres as well as in the Basin Dakota formation with 320 dedicated acres. Please see revised plat attached. An unorthodox application is forthcoming.

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

SIGNED **Original signed By**  
**B. D. Shaw**

TITLE **Administrative Supervisor**

DATE **12-4-84**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

**APPROVED**

DEC 11 1984  
DATE

**/s/ J. Stan McKee**

**AREA MANAGER**  
**FARMINGTON RESOURCE AREA**

\*See Instructions on Reverse Side

All distances must be from the outer boundaries of the Section.

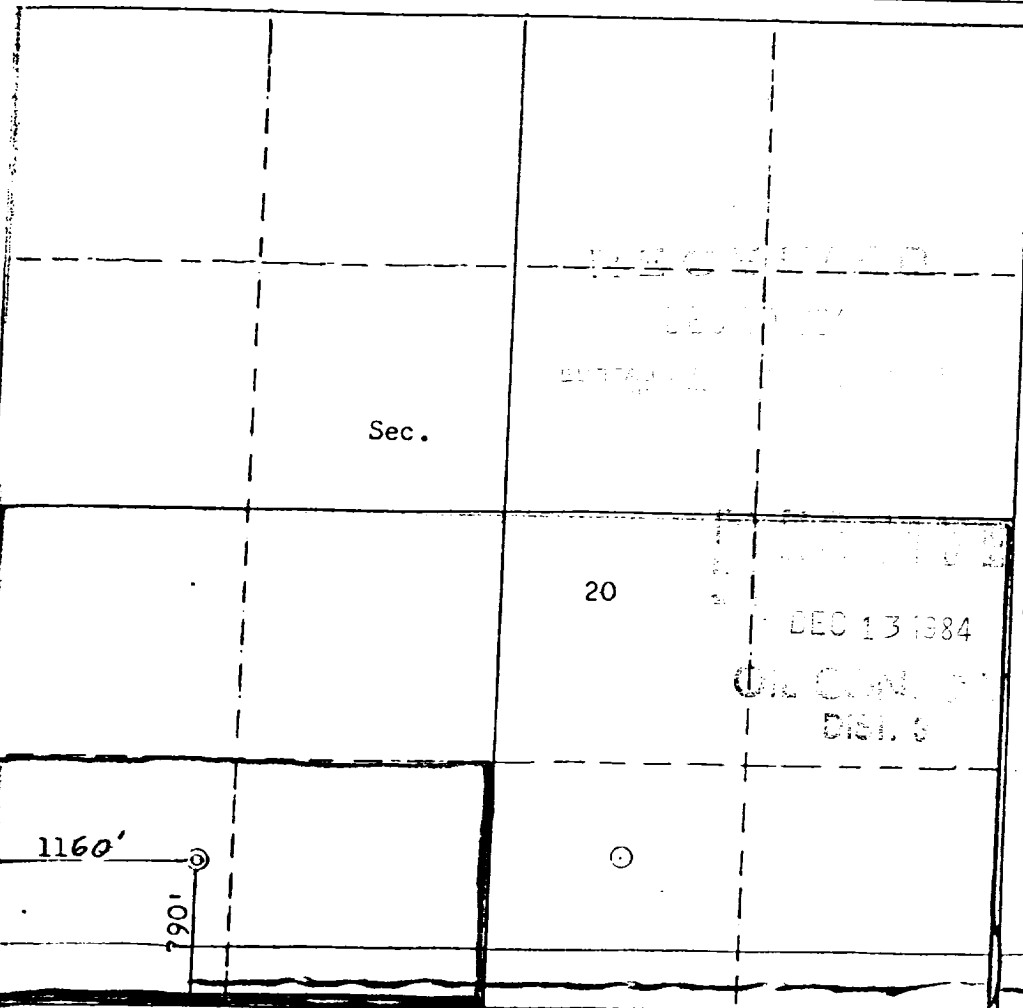
Operator <b>AMOCO PRODUCTION COMPANY</b>			Lease <b>T. L. RHODES "B"</b>		Well No. <b>1E</b>
Unit Letter <b>M</b>	Section <b>20</b>	Township <b>28N</b>	Range <b>11W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>790</b> feet from the <b>South</b> line and <b>1160'</b> feet from the <b>West</b> line					
Ground Level Elev. <b>5724</b>	Producing Formation <b>Dakota + Gallup</b>		Pool <b>Basin Dakota + Finon Gallup</b>		Dedicated Acreage: <b>320/80 Acres</b>

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



#### CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed By  
**B. D. Shaw**

Name  
**B. D. Shaw**  
Position  
**Admin. Supervisor**  
Company  
**Amoco Production Company**  
Date  
**10-15-84**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**September 11, 1984**  
Registered Professional Engineer and Land Surveyor  
**Fred. S. Kerr Jr.**  
Certificate No. **2**