

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		5. LEASE DESIGNATION AND SERIAL NO. SE-078905	
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 Gallegos Canyon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) 1700' FSL x 1770" FEL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 8E	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5667' GR		10. FIELD AND POOL, OR WILDCAT Basin DK/Simpson GLP	
		11. SEC. T., R., M., OR BLM, AND SURVEY OR AREA SE Sec 22-28N-12W	
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud and Set Casing	<input checked="" type="checkbox"/>		<input checked="" 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 at 2245 hrs. on 3/28/85. Drilled to 340'. Set 9-5/8", 36#, K55 casing at 340' and cemented with 295 cu.ft. Class B Ideal. Circulated cement to surface. Pressure tested casing to 1000 psi for 30 minutes. Drilled an 8-3/4" hole to a TD of 6281' on 4/6/85. Set 7", 23#, K55 casing at 6281'. Stage 1: cemented with 495 cu.ft. Class B Portland and tailed in with 312 cu.ft. Class B Portland. Stage 2: cemented with 1535 cu.ft. Class B Portland. Circulated cement to surface after both stages. Landed the DV tool at 3437' and released the rig on 4/7/85.

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

SIGNED

BDS Shaw

TITLE Adm. Supervisor

DATE 4/23/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 26 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

RV