

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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SE078828
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. See also space 12 below) 820' FSL x 920' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 165E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5639' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SE Sec29, T28N, R12W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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 checked="" type="checkbox"/>
(Other) Completion	<input type="checkbox"/>		<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.)

Moved in and rigged up service unit on 3/5/85. Total depth of the well is 6086' and the plugback depth is 6070'. Pressure tested production casing to 3500 psi and held for 30 minutes. Perforated the following intervals: 5850'-5862', 5869'-5879', 5916'-5950', 5960'-5970', 8j spf, .50" in diameter for a total of 528 holes. Fraced interval 5850'-5970' with 90,000 gal of 70 quality foam and 144,000 #20-40 sand. Landed 2-3/8" tubing at 6010' and released the rig on 3/14/85.

RECEIVED
MAY 03 1985
OIL CON. DIV.
DIST. 3

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

SIGNED BDS Shaw TITLE Adm. Supervisor DATE 4/18/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

MAY 02 1985

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side