

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 <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-079346-A | |
| 2. NAME OF OPERATOR Amoco Production Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 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 17 below.) At surface 1460' FNL X 1460' FEL | | 8. FARM OR LEASE NAME | |
| 14. PERMIT NO. | | 9. WELL NO. 191E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5650' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec. 32, 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"/> | |

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) <u>Completion</u> | |

(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 3-8-85. Total depth of the well is 6062' and plugback depth is 6015'. Pressure tested production casing to 3,000 PSI. Perforated the following intervals: 5819'-5838', 5872'-5938', 4JSPF .40" in diameter for a total of 340 holes. Frac Dakota intervals 5819'-5938' with 105,000 gal of 70 Quality foam and 165,000# 20-40 sand. Landed 2-3/8" tubing at 5973' and released the rig on 3-22-85.

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

SIGNED BD Shaw

TITLE Admin. Supervisor

DATE 4-9-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE ACCEPTED FOR RECORD

*See Instructions on Reverse Side

APR 10 1985

FARMINGTON RESERVOIR AREA