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## UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE DEPARTMENT OF THE INTERIOR (Other inatructions on re

get Bureau No. 1004-0135 xpires August 31, 1985

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SF-07	890	3		

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SUNDRY	NOTICES	AND	REPORTS	ON	WFII	ς

(Do not use this form f Use "	or proposals to drill or to deepen or plug back to a different reservoir.  APPLICATION FOR PERMIT. " for such proposals.)	
OIL CAB K		7. UNIT AGREEMENT NAME
	OTHER	Gallegos Canyon Unit
2. NAME OF OPERATOR		8. FARM OR LEASE HAME
Amoco Product:	ion Co.	
3. ADDRESS OF OPERATOR		9. WELL NO.
501 Airport Di	rive, Farmington, N M 87401	l l
See also space 17 below)	position clearly and in accordance Range Confirments.	10. FIELD AND POOL, OR WILDCAT
At surface	KECEIVED	Basin Dakota/Wildcat GL
990' FSL x 185	JUN 12 1985	11. SBC., T., E., M., OR BLEK. AND BURNEY OR AREA
	BUREAU OF LAND MANAGEMENT	CE/CH Co. 25 moon 5105
4. PERMIT NO.	15 ELEVATIONS (Show EARMINE TO M. RESOURCE AREA	SE/SW Sec 35, T28N, R12W

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

5942' GR

NOTICE OF INTENTION TO	BUBBEQUENT APPORT OF:		
PNT WATER SHUT-OFF PURE STORY OF SETABLISHED	WATER SHUT-OFF REPAIRING WELL		
RACTURE TREAT  MULTIPLE COMPLETE  ROOT OR ACIDIZE  ABANDON®	PRACTURE TREATMENT ALTERING CABING SHOOTING OR ACIDIZING ABANDONMENT®		
Other) Status Sundry X	(Other)  (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 sones pertinent to this work.)

The subject well will be dually completed with two separate strings of tubing. The Gallup formation will not be completed until both working interest owner approval and gas sales marketing have been obtained. The pipeline is waiting to connect the Dakota formation to gas sales.

> JUN 1 7 1985 DIST. 3

18. I hereby certify that the foregoing to true and correct		
SIGNED DDS haw	TITLEAdm. Supervisor	DATE 6/6/85
(This space for Federal or State office use)		-
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

\*See Instructions on Reverse Side