Form 4160	
(November	1983)
(Formerly C	i

## UNITED STATES DEPARTMENT OF THE INTERIOR

SURMIT IN TRIPLICATE (Other instructions on re-

Sudget Bureau No. 1004 013 Expires August 31, 1985

(Formerly 9=331)		RTMENT OF TH		OR verse alde)	5/ LE	188 DESIGNATION AND TO THE TRANSPORT OF	PREIAL NO.	
SUI (Do not use thi	NDRY N R form for p	OTICES AND R	epen or alug he	ch to a different server		INDIAN, ALLOTTER OR	TRIBE NAME	
OIL NO GAR			RE	CEIVED		T AGREEMENT NAME		
2. NAME OF OPERATOR	ОТН	FA		JN 03 1985	Galle	egos Canyon	Unit	
	o		BUREALL		8. FAR	M OR LEASE NAME		
Amoco Production 3. ADDRESS OF OPERATO	OHO.		FARMINGTO	LAND MANAGEMENT	9. WBI	L NO.		
501 Airport Dr	ive, Fai	cmington, N M	8.7401	THE MICH	124			
501 Airport Drive, Farmington, N. M. 87401 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below:  At surface					10. 716	LD AND POOL, OR WI	LDCAT	
990' FSL x 1850' FWL				11. am	Basin Dakota/Wildcat GL 11. BBC., T., R., M., OR BLK. AND BURYBY OR ARMA			
					SE/S	SE/SW Sec 35, T28N, R12		
			(Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH   13. STATE		
		5942'	GR	·	San		NM	
et e	Check	Appropriate Box To	Indicate Nat	ture of Notice, Report,	or Other Da	ta		
,	COTICE OF IN	TENTION TO:	!		BREQUENT REPO			
DEST WATER SHIT OF	7 13 7	PULL ON ALTER CASING	1 - 3	WATER SHUT-OFF	[ ] ]		ſ <del></del> -3	
FRACTURE TREAT	·	MUETIPLE COMPLETE		FRACTURE TREATMENT	· i	REPAIRING WELL ALTERING CABING		
SHOUT OR ACTOIZE	_ :	ABANDON*		SHOUTING OR ACIDIZING	; -	484 YOUN DE ET *		
REPAIR WELL		CHANGE PLANS		(Other)	set casir	_	X-	
(Other)				(NOTE: Report r Completion or Re etails, and give pertinent s and measured and true	esults of multip completion Repo	is completion on Wort and Log form.)	en	
', 23#, K55 cas ith 340 cu ft C	ing at lass B	6447'. Stage 1 Ideal. Stage 2	cement: cement	8-3/4" to a TD of ed with 374 cu f ed with 674 cu. V tool at 3252'	t Class E ft. Class	Ideal and to B Ideal. (	Circulat	
							Control of the Contro	
Chereby certify Bask the SIGNED	or State off	(L11)	Adm.	Supervisor	DAT	5-28-85		
CONDITIONS OF APPR	OVAL IP A	TIT	LE		DATI			

\*See Instructions on Reverse Side

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