

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078132

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Annie L. Elliott "H"

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NW/SW Sec13, T29N, R9W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

AUG 28 1985

2. NAME OF OPERATOR

Amoco Production Co.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

3. ADDRESS OF OPERATOR

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

1460' FSL x 840' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6391' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Alter drilling program

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

7. 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.)*

Amoco Production Company requests approval to alter the proposed drilling program on the above referenced well. The 6-1/4" hole will be drilled from the bottom of the intermediate casing to T.D. using gas or air rather than mud. The rest of the program will be as stated on the APD. Verbal approval received from Jim Lavoto on 8-21-85.

RECEIVED
AUG 30 1985
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED

B. Shaw

TITLE Adm. Supervisor

DATE 8-21-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC