

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

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.)

RECEIVED

OIL WELL ☐ GAS WELL ☒ OTHER

AUG 28 1985

NAME OF OPERATOR

Amoco Production Co.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1800' FSL x 1590' FEL

PERMIT NO.

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

5925' GR

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 "D"

9. WELL NO.

9E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

NW/SE Sec 11, T29N, R9W

12. COUNTY OR PARISH

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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.)

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 perti-
nent 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 & GAS

hereby certify that the foregoing is true and correct

SIGNED

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