

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Rosa Unit	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 501 Airport Drive Farmington, NM 87401		9. WELL NO. 59	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 1560' FWL X 1120' FSL		10. FIELD AND POOL, OR WILDCAT Indes. Gallup/Basin Dakota	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW Sec. 25, T31N, R6W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6400' GR		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) <u>Change of Operator</u>	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(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.) *

Amoco Production Company has completed drilling the subject well and it is being turned over to Northwest Pipeline, who will be the new operator. The correct sliding sleeve depth should be 7697', rather than 7277' as stated on the completion report.

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

SIGNED B. D. Shaw TITLE Admin. Supervisor DATE 10/4/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE Oct 1 1984

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side