

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
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. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Co.

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
1760' FSL x 860' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7018' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF-078887

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.
106

10. FIELD AND POOL, OR WILDCAT
Basin DK/Undes. GLP

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW/SW Sec 24, T31N, R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

RECEIVED

JUN 17 1985

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"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETION <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <input type="checkbox"/> | (Other) <u>Completion</u> | <input checked="" 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.)*

Moved in and rigged up service unit on 8-17-84. Total depth of the well is 8883' and plugback depth is 8630'. Pressure tested production casing to 6200 psi. Perforated the following intervals: 8654'-8634', 8694'-8664', 2 jspf, .33" in diameter, for a total of 100 holes. Set a cement retainer at 8630'. Pressured up backside to 2000 psi. Squeezed the Lower Dakota perms 8634'-8694' with 177 cu.ft. Class B. Pressure tested to 6200 psi. Perforated the Main Dakota intervals: 8524'-8508', 8626'-8548', 2 jspf, .33" in diameter, for a total of 188 holes. Fraced intervals 8508'-8626' with 75,000 gal 50# gel and 37,000 gal 40# high temp delayed crosslinked gel and 252,000 # 20-40 sand. Perforated Lower Gallup interval 7753'-7934', 1 jspf, .33" in diameter, for a total of 181 holes. Fraced interval 7753'-7934' with 79,000 gal 50# gel and 64,000 # 20-40 sand. Squeezed interval 2524'-2555' with 200 sacks Class B. Perforated Upper Gallup intervals 7631'-7497', 7429'-7495', 7427'-7308', 7258'-7222', 1 jspf, .33" for a total of 355 holes. Fraced interval 7222'-7631' with 145,404 gal 50# gel and 99,930 # 20-40 sand. Landed 2-3/8" tubing on 10-2-84, set packer at 8410' and sliding sleeve at 8405' and released the rig.

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

SIGNED B.D. Shaw TITLE Adm. Supervisor DATE 6-6-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 18 1985

FARMINGTON RESOURCE AREA

OIL UNIT DIST. 3