

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.)

| | | |
|---|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-078888 |
| 2. NAME OF OPERATOR Amoco Production Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401 | | 7. UNIT AGREEMENT NAME Rosa Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1530' FNL x 1790' FEEL | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 103 |
| 15. ELEVATIONS (Show <u>FACE OF</u> <u>GR</u> , <u>GR</u> , etc.) 6971' GR | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup |
| BUREAU OF LAND MANAGEMENT RESOURCE AREA | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/NE Sec. 10, T31N, R4W |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE NM |

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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 COMPLETE <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 PLANS <input type="checkbox"/> | (Other) <u>completion</u> | |
| (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.)*

Moved in and rigged up service unit 10/8/84. Total depth of the well is 8981' and plugback depth is 8730'. Pressure tested production casing to 3800 psi. Perforated the following intervals: 8662'-8628', 8605'-8570', 4 jspf, .33" in diameter for a total of 276 holes. Fraced interval 8570'-8662' with 102,000 gal. 60# hi temp-delayed crosslinked gel and 179,000# 20-40 sand.

Perforated the following intervals: 7994'-7832', 7713'-7605', 1 jspf, .33" in diameter, for a total of 270 holes. Fraced Gallup interval 7604'-7994' with 119,000 gal. 60# gel and 174,000# 20-40 sand. Set a sliding sleeve at 7866' and landed 2-3/8" tubing at 8665'. Released the rig on 10/31/84.

8365, PK# 8430

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OIL CON. DIV.
DIST. 3

Original Signed By
B. D. Shaw
SIGNED _____ TITLE Administrative Supervisor DATE 11/15/84

(This space for Federal or State office use) ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE DEC 04 1984

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY _____