

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 Company

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1850' FNL x 1720' FEL

14. PERMIT NO.

15. ELEVATIONS (Show vertical and horizontal elevations)
6275' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF 78767

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.
108

10. FIELD AND POOL, OR WILDCAT
Basin Dakota/Undes. Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NE/4 Sec. 7, T31N, R5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

OCT 26 1984

RECEIVED

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. 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 COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☒
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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 requests approval to change the surface casing for the subject well from a 14-3/4" hole, 11-3/4", 42#, H-40 to 17-1/2" hole, 13-3/8", 54.5#, J-55

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

SIGNED **Original Signed By**

TITLE **Administrative Supervisor**

DATE **10/22/84**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE **OCT 25 1984**

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

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