

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. <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, New Mexico 87401		9. WELL NO. 108	
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		10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/4 Sec.7, T31N, R5W	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6275' GR		12. COUNTY OR PARISH Rio Arriba	
		13. STATE N.Mex.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Completion			

(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 10-27-84. Total Depth of the well is 8188' and plugback depth is 8010'. Pressure tested production casing to 6200 psi. Perforated the following intervals: 7926'-7908', 7974'-7958', 7840'-7828', 4 jspf, .38" in diameter, for a total of 184 holes. Fraced interval 7828'-7974' with 125,000 gal 50# delayed crosslinked gel and 270,000# 20-40 mesh sand. Perforated the following intervals: 7178'-7046', 7252'-7228', 6938'-6886', 1 jspf, .38" in diameter, for a total of 208 holes. Fraced interval 6886'-7252' with 106,000 gal 50# gel and 150,000# 20-40 sand.

Set a sliding sleeve at 7635' and landed 2-3/8" tubing at 7903'. Released the rig on 11-12-84.

(The Gallup is shut-in)

RECEIVED  
DEC 05 1984  
OIL CON. DIV.  
DIST. 3

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

SIGNED \_\_\_\_\_ TITLE Administration Supervisor DATE 11-18-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE DEC 04 1984

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY \_\_\_\_\_