

F

30-039-23530

8-21-84

NSL-1911

F. Loc. 1820/N: 1210/E Elev. 6764 GL Spd. 10-30-84 Comp. 1-2-85 TD 8750 PB 8620
 Casing S. 13 3/8 @ 414 W 413 Cu. ft. Int. @ W Cu. ft. Sx. Pr. 4 1/2 @ 8750 W 3446 3/8 T. 2 3/8 @ 8435
 Csg. Perf. 8338-8458 Prod. Stim. SWF

I.P. 757M MCF/D After 3 Hrs. SICP PSI After Days GOR Grav. 1st Del. Gas
 1st Del. Oil

TOPS		NI/D X	Well Log	TEST DATA						
Ojo Alamo	3074	C-103	Plat X	Schd.	PC	Q	PW	PD	D	Ref. No.
Kirtland	3191	C-104	Electric Log							
Fruitland			C-122							
Pictured Cliffs	3668	Ditr	Dfa							
Chacra		Datr	Dac							
Cliff House	5786	Zone abandon 5-25-85								
Menefee	5968									
Point Lookout	6306									
Mancos	6637									
Gallup	6871									
Greenhorn	8160									
Dakota	8388									
Entrada										
Barro Mazon	8700									

NSL-1911
 Acres N/320

Basin Dak. Co. RA S 14 T31N R 4W U HOper. Northwest Pipeline Corp. Lse. Rosa Unit No. 104

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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	7. UNIT AGREEMENT NAME Rosa Unit
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	9. WELL NO. 104
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1820' FNL X 1210' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gall
14. PERMIT NO. DEC 19 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/NE Sec 14, T31N, R4W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6767' GR	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico

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

BUREAU OF LAND MANAGEMENT ATTENTION TO:		SUBSEQUENT REPORT OF:	
STOP OR SHUT OFF	☐	WATER SHUT OFF	☐
REPAIR AS TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(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.)*

Moved on service unit 5-10-85. Set cast iron bridgeplug at 8120'. Pressure tested bridgeplug to 1000 lb. Landed 2.375" tubing at 7815'. Released service unit on 5-25-85. The Dakota formation has been permanently abandoned.

RECEIVED
FEB 03 1986
OIL CON. DIV.
DIST. 3

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

SIGNED B. Shaw

TITLE Adm. Supervisor

DATE 12-10-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC