

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0
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 ☐ GAS ☒ WELL ☒ OTHER ☐	7. UNDERSHOREMENT NAME Rosa Unit
2. NAME OF OPERATOR Northwest Pipeline Corp	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 3539 E. 30th Farmington, NM 87401	9. WELL NO. 111
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 880' FSL X 1850' FUL	10. FIELD AND POOL OR WILDCAT Gallup/Dakota
14. PERMIT NO.	11. SEC. T. R. OR S.W. AND SURVEY OR AREA Sec 21-31N-5W
15. ELEVATIONS (Show whether ft., m., etc.)	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED
NOV 27 1990

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(Other) **Flow Test Well** ☒

(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 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 Co. hereby requests approval to flow test and flare natural gas to determine economics for pipeline connection. The flow test will last 7 to 10 days. Amoco drilled the subject well and will turn operations over to Northwest Pipeline after testing.

THIS APPROVAL EXPIRES **DEC 20 1990**

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

SIGNED **[Signature]** TITLE **Enviro. Coordinator** **10-31-90**

(This space for Federal or State office use)

APPROVED BY **[Signature]** TITLE **AMOCO** DATE **NOV 10 1990**

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

FOR AREA-MANAGER