

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-3149
7. Unit Agreement Name
8. Farm or Lease Name State Gas Com "BJ"
9. Well No. 1
10. Field and Pool, or Wildcat Basin Dakota
12. County San Juan

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Amoco Production Company
3. Address of Operator 501 Airport Drive, Farmington, NM 87401
4. Location of Well UNIT LETTER C 805 FEET FROM THE North LINE AND 1525 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 30N RANGE 91W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 5934' (RDB)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Repair Well <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Repair operations commenced on 4-1-80. Casing was pressure tested to 3500# and held. Perforated interval from 6562' to 6572' with 2 spf., a total of 20, .4" holes. Sand water fraced with 24,392 gal of frac fluid and 39,618# of 20-40 sand. The well was swabbed, and repair operations were completed on 5-3-80.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original Signed By
SIGNED E. E. SVOBODA TITLE Dist. Admin. Supvr. DATE 10-13-80

Original Signed by FRANK T. CHAVEZ
APPROVED BY SUPERVISOR DISTRICT # 3 DATE OCT 20 1980

CONDITIONS OF APPROVAL, IF ANY: