

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0105
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS

RECEIVED

OCT 29 1985

5. LEASE DESIGNATION AND SERIAL NO.
SF-078139

6. IF INDIAN, ALIEN OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott Gas Com F

9. WELL NO.

1R

10. FIELD AND POOL, OR WILDCAT
Blanco Mesaverde

11. SEC., T., R., M., OR B.L.K. AND
SURVEY OR AREA

NW/NE Sec 33, T30N, R9W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

1. WELL CAS WELL OTHER

2. NAME OF OPERATOR
Amoco Production Co.

**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

3. ADDRESS OF OPERATOR
501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
810' FNL X 1590' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether OP, RT, CR, etc.)
5783' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
ABOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

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

(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 on 9-9-85. Total depth of the well is 4902' and plugback depth is 4867'. Killed well with 20 bbl 2% KCL water. No sand fills were found. Landed 1 1/4" tubing at 4833' and released the rig on 9-10-85.

RECEIVED
NOV 01 1985
OIL CON. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct

SIGNED B.D. Shaw TITLE Adm. Supervisor

ACCEPTED FOR RECORD
DATE 10-21-85

APPROVED BY _____ TITLE _____

OCT 31 1985

CONDITIONS OF APPROVAL, IF ANY:

DATE FARMINGTON RESOURCE AREA
BY SM

*See Instructions on Reverse Side

NMOCC