

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Co.		8. FARM OR LEASE NAME Pan Am Federal C	
3. ADDRESS OF OPERATOR 2325 E. 30 St., Farmington, NM 87401		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1520' FSL x 800' FEL		10. FIELD AND POOL, OR WILDCAT Flora Vista Fruitland	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/SE Sec. 19, T30N, R12W		12. COUNTY OR PARISH San Juan	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether OF, WT, OR, etc.) 5704' GL		16. COUNTY OR PARISH San Juan	
17. STATE NM		18. STATE NM	

RECEIVED

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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)	<input type="checkbox"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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 12-15-86. Set a cast iron bridgeplug at 1527'. Loaded hole with drill mud. Spotted 6 cu. ft. of Class B Neat cement on top of bridgeplug. Cemented surface plug with 47 cu ft. Class B Neat. Released the rig. Cut off wellhead and installed a PxA marker. Plugged and abandoned the well on 12-16-86.

Approved as being true and correct
Liability under the Federal Oil and Gas
Surface Reclamation Act of 1981

DEC 30 1986

OIL CON. DIV.
DIST. 3

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

SIGNED B. D. Shaw

TITLE Adm. Supervisor

DATE 12-18-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

