

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-01-0
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078772

6. IF INDIAN ALLOTTEE OR TRIBE NAME

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.)

RECEIVED

JUN 04 1985

7. UNIT AGREEMENT NAME

Rosa Unit

8. FARM OR LEASE NAME

9. WELL NO.

118

10. FIELD AND POOL OR WILDCAT

Basin Dakota/Undes

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

NE35-32N-6W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. NAME OF OPERATOR

Amoco Production Co.

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

At surface

1850' FNL x 790' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6649' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FEATHER TREAT

SHOOT 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) Change of Operator

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.)

The above subject well has been turned over to Northwest Pipeline Corporation for operation.

Operator Address:

Northwest Pipeline Corporation

P.O. Box 90

Farmington, NM 87499

I hereby certify that the foregoing is true and correct

SIGNED

B. Shaw

TITLE Adm. Supervisor

DATE 5-29-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUN 05 1985

FARMINGTON RESOURCE AREA

BY Smm

*See Instructions on Reverse Side

NMOCC