

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Rosa Unit
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	9. WELL NO. 117
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1150' FNL x 1070' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota/Undes. Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW Sec. 33, T32N, R6W
15. ELEVATIONS (Show whether of top of casing or bottom of well) 6474' GR	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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JUL 10 1984

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) Additional formation tops

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 type="checkbox"/>

(Other)

(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.)*

Amoco Production Company would like to amend the application to drill for the subject well to include additional formation tops as follows:

	Depth	Elevation
Ojo Alamo	2260'	4227'
Fruitland	3237'	3250'
Cliffhouse	5375'	1112'
Menefee	5425'	1062'
Point Lookout	6225'	262'

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JUL 25 1984

OIL CON. DIV.
DIST. 3

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

SIGNED E. D. Shaw TITLE Adm. Supervisor

DATE 7-10-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____

DATE JUL 24 1984

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY SM