

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 checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-08772
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME Rosa Unit
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	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 117
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6474' GR	10. FIELD AND POOL, OR WILDCAT Basin DK/Undes. Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA NW/NW Sec. 33, T32N, R6W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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"/>	

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) Completion <input checked="" 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 11-13-84. Total depth of the well is 8300' and plugback depth is 8200'. Pressure tested production casing to 3800 psi. Located a hole at DV tool. Squeezed with 59 cu. ft. Class B Portland, 2% CaCl<sub>2</sub>. Pressure tested the squeeze to 6000 psi but it didn't hold. Squeezed again at 5150' with 30 cu. ft. Class B Portland, 2% CaCl<sub>2</sub>. Pressure tested second squeeze but it didn't hold. Spotted another 30 cu. ft. Class B Portland, 2% CaCl<sub>2</sub>. Pressure tested to 6000 psi and it held.

Perforated the following intervals: 7970'-7936', 8040'-8006', 2 jspf, .38" in diameter, for a total of 136 holes. Fraced Dakota interval 7936'-8040' with 45,000 gal 60# delayed crosslinked gel and 81,000# 20-40 sand. Perforated Gallup intervals: 6820'-6790', 6900'-6860', 7094'-7004', 7390'-7170', 1 jspf, .38" in diameter, for a total of 380 holes. Fraced Gallup interval 6790'-7390' with 115,000 gal 50# gel and 135,000# 20-40 sand.

Landed 2-3/8" tubing at 8019', set a packer at 7494', and a sliding sleeve at 7458' (shutting the Gallup in). The rig was released on 12-6-84.

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

SIGNED **B. D. Shaw**

TITLE Administrative Supervisor

DATE 12-28-84

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

JAN 11 1985

JAN 10 1985

OIL CON. DIV.

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

RV