

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-62
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indians
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 635' FSL X 25' FWL	8. FARM OR LEASE NAME Ute Indians "A"
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Ute Dome Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SW Sect. 36, T32N, R14W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show minimum, at, or, etc.) 6110' GR	13. STATE NM

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DIST. 3

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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 the service unit on 3-6-84. Shot squeeze shots at 800' and 550'. Cemented the following intervals as follows: (1) 1567'-2167' with 171 cu. ft. Class "B" Neat cement, (2) 1067'-1567' with 171 cu. ft. Class "B" Neat cement, (3) 567'-1067' with 280 cu. ft. Class "B" Neat cement, (4) surface 567- with 300 cu. ft. Class "B" Neat cement, (5) topped off the hole with 31 cu. ft. Class "B" Neat cement. Cut off the casing then welded on the cap and dry hole marker. Released the rig on 3-7-84.

APPROVED TO THE PLUGGING OF THE WELL BORE ONLY. LIABILITY UNDER THE BOND RETAINED UNTIL SURFACE RESTORATION IS COMPLETED AND APPROVED.

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

SIGNED <u>Original Signed By B. D. Shaw</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>3-16-84</u>
(This space for Federal or State office use)		
APPROVED BY <u>L. Mark Hollis</u>	TITLE <u>ACTING AREA MANAGER</u>	DATE <u>SEP 1 1987</u>
CONSENTED BY ANY:		

APR 4 1984

*See Instructions on Reverse Side

APPROVED
AS AMENDED