

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	9. WELL NO. 234E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 910'FNL x 790'FWL	10. FIELD AND POOL, OR WILDCAT BasinDK/Totah Gallup Ex
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NW Sec14, T28N, R13W
14. PERMIT NO.	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether on, at, or below surface) 5990'GR	13. STATE NM

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BUREAU OF LAND MANAGEMENT

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) Bottom Hole Location Change <input checked="" 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) <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.) \*

Amoco Production Company requests approval to amend the bottom hole location of the subject well as follows: from same as surface location to 1600'FNL x 1850'FWL.  
This well is being directionally drilled to satisfy the request of the surface owner.

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JUN 17 1985  
OR CON. DIV.  
DIST. 3

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

SIGNED

*B. D. Shaw*

TITLE

Adm. Supervisor

DATE

5/2/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

JUN 12 1985

CONDITIONS OF APPROVAL, IF ANY:

*for* J. Stan McKee  
M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side

NMOCG

# Proposed Bottom Hole Location

## OIL CONSERVATION DIVISION

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-102  
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

Operator: <b>Amoco Production Co.</b>		Lease: <b>Gallegos Canyon Unit</b>		Well No. <b>234E</b>
Unit Letter <b>F</b>	Section <b>14</b>	Township <b>28N</b>	Range <b>13W</b>	County <b>San Juan</b>
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> <span>1600 feet from the North line and</span> <span>1850 feet from the West line</span> </div>				
Ground Level Elev. <b>5990</b>	Producing Formation <b>Dakota &amp; Gallup</b>	Pool <b>Basin Dakota/Totah Gallup</b>	Dedicated Acreage: <b>320/80</b> Acres	

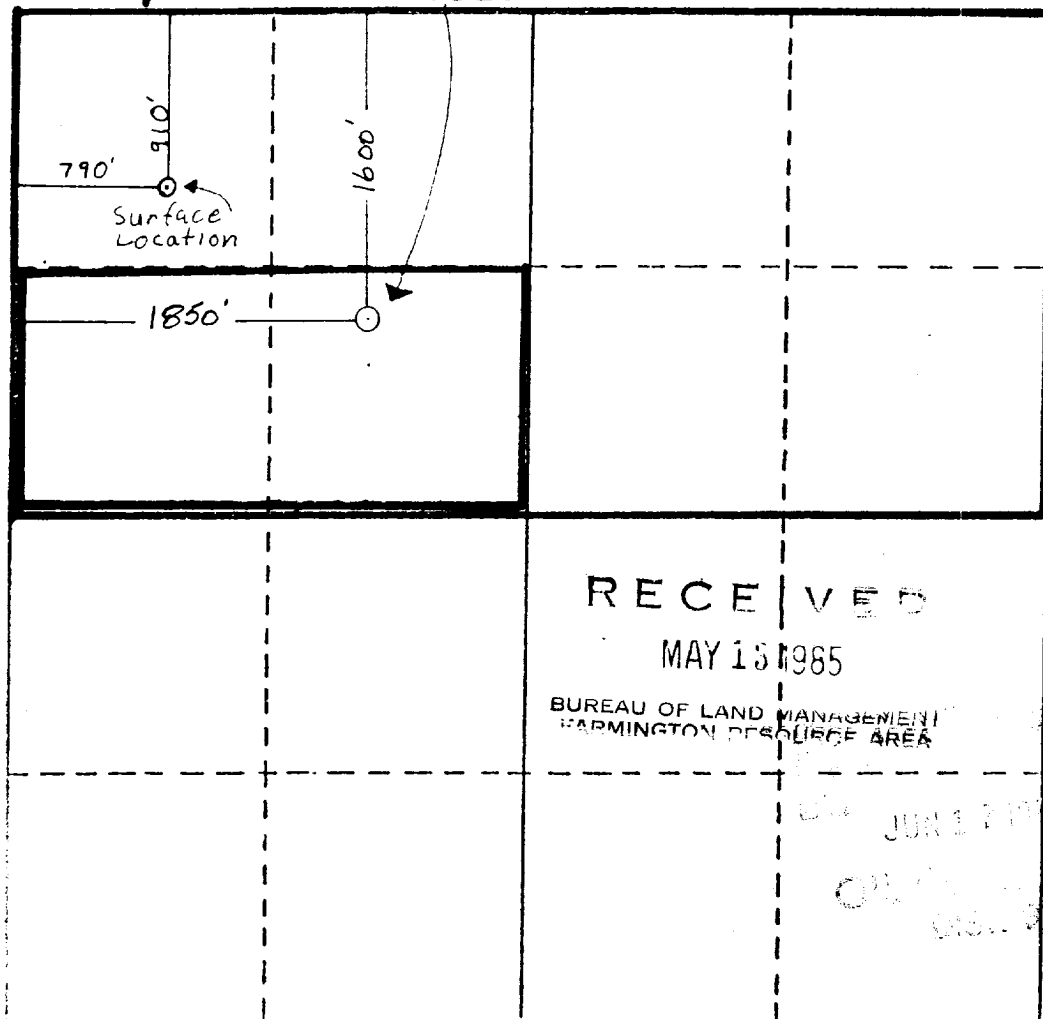
1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes    ☐ No    If answer is "yes," type of consolidation Unitized

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

**Proposed Bottom Hole Location.**



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**MAY 15 1985**  
BUREAU OF LAND MANAGEMENT  
HARMINGTON RESOURCE AREA

JUN 17 1985

### CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*B D Shaw*

Name  
**B. D. Shaw**

Position  
**Adm. Supervisor**

Company  
**Amoco Production Co.**

Date  
**5-8-85**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
\_\_\_\_\_

Registered Professional Engineer  
and/or Land Surveyor  
\_\_\_\_\_

Certificate No. \_\_\_\_\_

330 640 90 1570 1850 1940 2310 2440 2600 1500 1000 800 0

**NMOCC**