

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 <input type="checkbox"/>		87 JUN 26 AM 9:39		5. LEASE DESIGNATION AND SERIAL NO. SF-078106	
2. NAME OF OPERATOR Amoco Production Company		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 2325 East 30th Street; Farmington, NM 87401				7. UNIT AGREEMENT NAME Gallegos Canyon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 810' FSL x 1850' FEL				8. FARM OR LEASE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5691' GL		9. WELL NO. 224E	
				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SE Sec. 18, T28N, R12W	
				12. COUNTY OR PARISH San Juan	
				13. STATE NM	

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 COMPLETION <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Rehabilitate Location ☒

(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 surface rehabilitation instructions for the subject well. Plans to drill the well were cancelled by our Division office. The Application for Permit to Drill which was rescinded by your office on June 22, 1987 per file letter 3162.3-1(F) (016) will not be resubmitted at this time. Construction activities have occurred on the drill site and rehabilitation will be necessary.

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

SIGNED C. B. Douglas TITLE Dist. Adm. Supervisor DATE 6-23-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUL 10 1987

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC