

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF-078039
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 800 Denver, Colorado 80201	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1660' FSL, 1330' FWL Sec. 23, T32N-R11W Unit "K"	8. Well Name and No. Barnes Gas Com C #1
	9. API Well No. 30-045-27762
	10. Field and Pool, or Exploratory Area Basin/ Fruitland Coal Gas
	11. County or Parish, State San Juan, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Cathodic Protection
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 requests permission to drill a ground bed cathodic protection well at the above location to service the producing well.

Please see the attached procedures.

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

DEC 6 1991

FARMINGTON, NEW MEXICO
BY DE

91 NOV 25 PM 3:42
019 FARMINGTON, N.M.

RECEIVED
BLM

RECEIVED
DEC 1 0 1991
OIL CON. DIV.
DIST. 3

Please contact Cindy Burton (303) 830-5119 if you have any questions.

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

Signed J. L. Hampton / CUB Title _____ Date 11/20/91

(This space for Federal or State office use)

Approved by _____ Title NMCOO Date _____