

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
2. NAME OF OPERATOR <u>Amoco Production Company</u>	8. FARM OR LEASE NAME <u>Badland Flats Federal</u>
3. ADDRESS OF OPERATOR <u>2325 E. 30th Street, Farmington NM 87401</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>2000' FUL x 790' FUL</u>	10. FIELD AND POOL, OR WILDCAT <u>Undesignated Gattop</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>7356' Gr</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SWNW Sec 3 T23N R1W</u>	12. COUNTY OR PARISH <u>Rio Arriba</u>
	13. STATE <u>NM</u>

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"/>
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) <u>Additional 30 day test</u> <input checked="" type="checkbox"/>	

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) _____	

(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 requests permission to test and vent the gas for an additional 30 days.
The well produces an estimated 20 to 60 mcf/d.

RECEIVED
MAIL ROOM
88 DEC 22 AM 11:05
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
DEC 30 1988
OIL CON. DIV.
DIST. 3

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

SIGNED

B. S. Shaw

TITLE

Adm. Supv

DATE

12-21-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

DEC 27 1988

*See Instructions on Reverse Side

NM000

TABULATION OF DEVIATION TESTS

AMOCO PRODUCTION COMPANY

DEPTH	DEVIATION
669'	1°
974'	1°
1284'	1°
1567'	1/2°
2067'	3/4°
2371'	1/2°
2694'	1 3/4°
2818'	1 1/2°
3006'	1 1/2°
3309'	1 3/4°
3600'	1 1/4°
3850'	1°
4160'	1°
4583'	1°
4854'	1°
5160'	3/4°
5442'	1°
5814'	1°
6126'	3/4°
6533'	3/4°
6905'	1 1/2°

RECEIVED
OIL CON. DIV. 1
DIST. 3
JUL 3 0 1988

AFFIDAVIT

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation tests taken on AMOCO PRODUCTION COMPANY'S
Badland Flats Federal #1

Signed B. D. Shaw

Title Adm. Supervisor

THE STATE OF NEW MEXICO)
COUNTY OF SAN JUAN) SS.

BEFORE ME, the undersigned authority, on this day personally appeared B. D. Shaw known to me to be Adm. Supervisor for Amoco Production Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the facts stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 17 day of November, 1988.

A. Elva B. Ernst
Notary Public

My Commission Expires: 11-28-91