Form approved. Budget Bureau No. 1004-0135 Form 3160-5 UNITED STATES

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Other (Other I UNITED STATES (November 1983) Expires August 31, 1985 (Formerly 9-331) 5. LEASE DESIGNATION AND BERIAL NO. BUREAU OF LAND MANAGEMENT NM-58134 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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 PERSON" for such proposals.) 7. UNIT AGREEMENT NAME WELL X S. FARM OR LEASE NAME Amoco Production Company Badland 3. ADDRESS OF OPERATOR WELL NO. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Und signated Jactus " acos 2000 FNLX 790' FWL 11. BEC., T. R., M., OR BLX. AND U SWNW Sec 3 TOBO RIW 14. PERMIT NO. APT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 7356' GP io arriba 3003924318 mm 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT AMPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CARING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDON MENT® (Other) Initial Completion REPAIR WELL CHANGE PLANS (Nors: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)* Pressure tested casing to 3000 psi. Perforated the following intervals: 6581 - 6714'; 6768 - 6812'; 6500 - 6537'for a total of 516 holes. Fraced interval 6500-6812 with 167096 gal 30# geled water and 8420 # 40/70 Sand and 237160 lb 20/40 Sand d in and rigged up service unit on 11-10-88 . Tagged "tubing at 6821 and released the rig at _____ hrs. on 12-5-88. 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor DATE 12.29.RR (This space for Federal or State office use) APPROVED BY TITLE DATE . CONDITIONS OF APPROVAL, IF ANY: 型層的 CANNING FOR BESTIEFFUR AND A COMMENT Sma *See Instructions on Reverse Side