

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 GAS WELL OTHER RECEIVED ROOM
89 JAN 25 AM 10:58

2. NAME OF OPERATOR Amoco Production Co.

3. ADDRESS OF OPERATOR 2325 East 30th St, Farmington NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 2000' FNL x 790' FWL

5. LEASE DESIGNATION AND SERIAL NO. NM-58134

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Badland Flats Federal

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWNW Sec 3 T23N R1W

12. COUNTY OR PARISH Rio Arriba 13. STATE NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7356' Gr

18. 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 COMPLETE <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 PLANS <input checked="" type="checkbox"/>	(Other) _____	

(Other) Test Data

(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.)

Test data for subject well requested by Kenny Howell 1/3/89.

Date	Bbl Oil	Gas Mcfd	Bbl Water	Hours
January 10	Shot in			
" 11	Shot in			
" 12	Shot in			
" 13	Shot in			
" 14	92	64	15	15
" 15	66	143	20	20
" 16	23	107	10	10

RECEIVED
MAR 02 1989
OIL CON. DIV
DIST 3

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

SIGNED D. S. Shaw TITLE Adm. Supervisor DATE 1-23-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____
ACCEPTED FOR RECORD
FEB 27 1989
FARMINGTON RESOURCE AREA
*See Instructions on Reverse Side