Approved by

Conditions of approval, if any:

any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

5. Lease Designation and Serial No.

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		14-20-603-1433		
		6. If Indian, Allottee or Tribe Name		
		Navajo		
·		7. If Unit or CA, Agreement Design	ation	
1. Type of Well				
Oil Gas Udel Other		8. Well Name and No.		
	ention:	Canyon	7	
	th Gonzalez	9. API Well No.		
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 (303) 830-5206		3004521421		
,		10. Field and Pool, or Exploratory A	_ ' '.	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	:	Basin Dak 11. County or Parish, State	tota	
790 FSL 1450 FEL Sec. 15 T 25N	R 11W	17. County of Failsh, State		
	:	San Juan	New Mexico	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				
TYPE OF SUBMISSION	TYPE OF ACTION			
	onment	Change of Plans		
THE TRACKING	· —	New Construction		
I Automorphism I	ng Back Repair	Non-Routine Fracturing		
	Casing	Water Shut-Off Conversion to Injection		
	Tubing Downsizing	Dispose Water		
	(Note: Rep Recomple	port results of multiple completion on We tion Report and Log form.)	all Completion or	
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertin		<u> </u>	lly drilled give	
subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*				
Amoco Production Company requests approval to perform the following proceedures:				
1. Pull 2 7/8" tubing from wellbore currently set at 5665'.		070 FARMINGTON, N	<u>e</u>	
•		<u> </u>		
2. Land new 2 3/8" tubing at mid perf. depth near 5795'.		S C		
		1 2		
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	JUL 2 9 1994		7	
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	OIL CON. DIV.			
	and dome thing)		
	DIST. 3			
•	* \$-1 de 1800), \$40,000 de de estrepresque po 11 - 10 des d	now of		
4. I hereby certify that the foregoing is true and correct				
Kelly Consolidas	Duainass Au		07 22 1004	
Signed CSN (SN)	_ Title Business Ar	nalyst Date	07-22-1994	
This space for Endered or State office use)				

* See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, ficticious,