

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

5. LEASE DESIGNATION AND SERIAL NO.
14-20-603-5033

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal P

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Teete Kame
Pennsylvania "D"

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SW/NE Sec.8 T26N, R18W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2050' FNL x 1625' FEL, Sec.8, T26N, R18W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

5763' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Extension for permit to drill

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

Amoco Production Company requests approval for an extension of the
Permit to Drill for the above referenced well.

Approval extended until October 18, 1985

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

SIGNED

TITLE Adm. Supervisor

DATE

APPROVED
3/14/85
AS AMENDED

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 20 1985

CONDITIONS OF APPROVAL, IF ANY:

14. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC