

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"/>	5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5034
2. NAME OF OPERATOR Amoco Production Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2450' FSL x 2300' FEL, Sec.22, T26N, R18W	8. FARM OR LEASE NAME Navajo Tribal "U"
14. PERMIT NO.	9. WELL NO. 28
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5620' Gr	10. FIELD AND POOL, OR WILDCAT 1000' ABOVE Pennsylvania "D"
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA nw/se Sec22, T26N, R18W
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

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) Extension of permit to drill	

SUBSEQUENT REPORT OF:

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) <input type="checkbox"/>	
(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 Company requests approval for an extension of the Permit to Drill for the above referenced well.

Approved by [Signature] on [Date]

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

SIGNED Steve Husband TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE MAR 20 1985

DATE MAR 20 1985

John A. Tailenbach
AREA MANAGER

*See Instructions on Reverse Side

NMOCC