

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No. SF 077974

6. If Indian, Allottee or Tribe Name \_\_\_\_\_

7. If Unit or CA, Agreement Designation \_\_\_\_\_

8. Well Name and No. LODEWICK 2

9. API Well No. 3004506537

10. Field and Pool, or Exploratory Area Fulcher Kutz PC

11. County or Parish, State San Juan New Mexico

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator Amoco Production Company Attention: Lois Raeburn

3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
895FSL 895FWL Sec. 18 T 27N R 9W M

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Shut in Extension</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*  
Amocp Production Company request an extension untii. July 1, 1995 in order to evaluate and / or perform a casing integrity test.

THIS APPROVAL EXPIRES JUL 01 1995

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

Signed Lois Raeburn Title Business Assistant Date 01-20-1995

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date FEB 10 1995

Conditions of approval, if any: \_\_\_\_\_

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, fictitious, or fraudulent representations as to any matter within its jurisdiction.