Form 3160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED Bridget Bureau No. 1004-0135

SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposale to diffill or to despen or restrict to a different reservoir.  Use "APPLICATION FOR PERMIT -" for such proposals	BUREAU OF LAND MANAGEMENT	April 6	Expires. Iviair	UN 31, 1999
Do not use this form for proposal to drill or to deepen or reentry to a different reservoir.  Use "APPLICATION FOR PERMIT -" for such proposals   2. If Indian, Albanes or this Year  1. Type of West   00mer   2. Name of Dispersor No.   2. Name of Dispersor No.   3. Advances and No.   3. Advances and No.   3. Advances and Telephone No.   4. Lecenture of West Effective Advances and Telephone No.   4. Lecenture of West Effective Advances and Telephone No.   4. Lecenture of West Effective Advances and Telephone No.   4. Lecenture of Telephon	• • • • • • • • • • • • • • • • • • •	10.11490	5. Lease Designation and Serial	No.
Do not use this form for proposals to drill or to deepen or reservey to a different reservoir.    1. Type of Note	SUNDRY NOTICES AND REPORTS ON WELLS	SE 077394		
1. Type of Well    Type of Well				
1. Type of Well	Use "APPLICATION FOR PERMIT - " for such proposals			
1. Type of Well			7 If Unit or CA Agreement D	esignation
Amoco Production Company All Med No. 3004508003 10. Fail Med No. 3004508003 10. Fail Med No. 3004508003 10. Fail Med Prod. or Explanators Asset Full Cherry Report Full Cherry Report Sec. 1 T 27N R 10W Unit M  Cherry Production Company All Med No. 3004508003 10. Fail Med Prod. or Explanators Asset Full Cherry Report Sec. 1 T 27N R 10W Unit M  Type of Submission  Type of Submission  Type of Submission  Altering Carry Abandanoment Report  Attendance of Intern Recording Sec. 1 T 27N R 10W Unit M  Attendance of Intern Recording Sec. 1 T 27N R 10W Unit M  Type of Action  Alternative Amoco Production Company Report  Attendance of Intern Recording Sec. 1 T 27N R 10W Unit M  Annoto Production Company Report  Attendance and Internative Authority Sec. 1 T 27N R 10W Unit M  Annoto Production Company requests a particular details and one performent to this well. If Annoto Production Company requests permission to plug the Pictured Cliffs and recomplete this well to the Fruitland Coals per the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEC 1 T 295  OIL GODS DEC 1  ALCEPTED FOR RECORD  The appear for Federal or State office use)  ACCEPTED FOR RECORD  ACCEPTED FOR RECORD		in the second of the second	7.11 0.11. 0.77.	
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3. Address with Telephone No. P.O. Box 800. Dervert, Colorado 80201 (303) 830-6157  10. Fall and Pool, or Epidentery Ares 11. Country or Parlan, Sizes 990FSL 990FWL Sec. 1 T 27N R 10W Unit M  11. Country or Parlan, Sizes 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intern Recompletion Recomple				#1
P.O. Box 800, Denver, Colorado 80201  4. Location of Well (Pestiges, Sec., T., R. M., or Survey Description)  990FSL 990FWL Sec. 1 T 27N R 10W Unit M  11. County or Parish, State  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Notice of Intent  Recomplishin  Recomplishin  Plaging Back Casing Report Abandomment Adultoe  Plaging Back Convention to Report Wellst State Off Convention to Report Wellst Non-Restricts Non	Amoco Production Company Gail M. Jefferso	on, Rm 1295C	9. API Well No.	
A Lessation of Well Frestige, Sec. 1, R. M., or Survey Description)  990FSL 990FWL Sec. 1 T 27N R 10W Unit M  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  Abundance of finant  Recompletion  Plaging Back Casing Report Casing Report Other  Plaging Back Casing Report Other  Plaging Back Casing Report Casing Report Other  Plaging Back Casing Report Casing Report Casing Report Other  Plaging Back Casing Report Other  Plaging Back Casing Report Other  Plaging Back Casing Report  Recomplation Non-Recorder Profession Non-Recorder Intention Non-Recorder	(202) 02(	0-6157		
990FSL 990FWL Sec. 1 T 27N R 10W Unit M San Juan New Mexico  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION TYPE OF ACTION  Notice of lotent Report Recomplain Recomplain Physician Subsequent Report Carrier Carrier Carrier Report Carrier	P.O. Box 800, Denver, Colorado 80201 (303) 803		]	
990FSL 990FWL Sec. 1 T 27N R 10W Unit M San Juan New Mexico  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  Notice of Intent  Abandonment Recomplation Phogoging Back Categorithm Subsequent Report Other Water Stuck Off Final Abandonment Notice  Final Abandonment Notice Other Water Stuck Off Other Water Stuck Off American Company Report Other Reports of multiple complation on Wall Completion or Recomplation Dispose Water  Water Stuck Off	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			actured Clins
TYPE OF SUBMISSION  TYPE OF SUBMISSION  Abandonment Recompletion Propage Bek Casing Report Cannel Detail Other of Completed Operations (Clearly state all pertinent detail, and give pertinent date, including selimeted date of starting any proposed work. If well le directionally delibed, give substantive locations and measured set in which adoptive for all markines and zones pertinent to this work.)  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  14. I hereby certify with the propaging in true and sometic Squad  The appears for Federal or State office use)  True  Sr. Admin. Staff Asst.  Date  O7-08-1995  OCCEPTED FOR RECORD	990FSL 990FWL Sec. 1 T 27N R 10W	Unit M	(1) Southly of Curati, State	
TYPE OF SUBMISSION    Abandonment   Abandonment   Recompletion   Change of Plane   Recompletion   Recompletion			San Juan	New Mexico
TYPE OF SUBMISSION    Abandonment   Recompletion	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE	OF NOTICE, R	EPORT, OR OTHER	DATA
Notice of Intent   Notice of Intent   Recomplation   Not Construction   Not Recomplation   Not Construction   Not Construction				
Notice of Intent   Subsequent Report   Calling Repar   Calling Repara   Calling Repar   Calling Repar   Calling Repar   Calling Repara   Calling Repara				
Subsequent Report    Subsequent Report   Casing Report   Casin			=	
Subsequent Report   Final Abandonment Notice   Casing Report   Other				
Other   Other   Other   Charles   Other				
Note: Report results of multiple completion on Well Completion or Recompletion 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.)*  Amoco Production Company requests permission to plug the Pictured Cliffs and recomplete this well to the Fruitland Coals per the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEC 17 1995  OIL CONTO DIVIDED START OF State office use)  14. I hereby certify the the foregoing is true and correct  Signed Title Sr. Admin. Staff Asst.  Date 07-08-1995  ACCEPTED FOR RECORD			<u>-</u>	
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent details, 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 permission to plug the Pictured Cliffs and recomplete this well to the Fruitland Coals per the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEC S 1	Final Abandonment Notice Other	(Note: Repo	•	on Well Completion or
Amoco Production Company requests permission to plug the Pictured Cliffs and recomplete this well to the Fruitland Coals per the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEC 1 1 1 1955  AUG 1 7 1955  OIL GOIL DITE.  14. I hereby certify that the foregoing is true and correct signed  Title Sr. Admin. Staff Asst.  Date 07-06-1995  ACCEPTED FOR RECORD		Recompletion	on Report and Log form. )	
Amoco Production Company requests permission to plug the Pictured Cliffs and recomplete this well to the Fruitland Coals per the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEGE 17 1995  AUG 1 7 1995  ODD GOM DEGE 37  AUG 1 7 1995  Title Sr. Admin. Staff Asst.  Date 07-06-1995  ACCEPTED FOR RECORD	13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	ig estimated date of starting	any proposed work , If well is d	lirectionally drilled, give
the attached procedure.  If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.  DEC 17 1995  AUG 1 7 1995  OIL GON. DISTL 3  14. I hereby certify that the foregoing is true and correct  Signed Laula. Hereby Title Sr. Admin. Staff Asst.  Date 07-06-1995  ACCEPTED FOR RECORD	Amaga Production Company requests permission to plug the Pictured Cli	ffs and recomplete	this well to the Fruitl	and Coals per
If you have any technical questions please contact Steve Webb at (303) 830-4206 or myself for any administrative questions.    DECENT   AUG 1 7 1995		•		·
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Aug 1 7 1995  ODL CONS DITA  DISTIS 2  14. I hereby certify that the foregoing is true and correct  Signed Title Sr. Admin. Staff Asst. Date 07-06-1995  (This space for Federal or State office use)		العاد المعمدية عايد للعمدينيون علي		
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Signed Valle. Herson Title Sr. Admin. Staff Asst. Date 07-06-1995  (This space for Federal or State office use)  Title Sr. Admin. Staff Asst. Date 07-06-1995  ACCEPTED FOR RECORD		in a contra primary depolation ( ) is		
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	Approved by		AllG"1	1 1995

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, or fraudus the representations as to any matter within its jurisdiction.

\* See InstructioNNGCDid

BY

Conditions of approval, if any:

\* See Instruction Grapide

District I PO Box 1980, Hobbs, NM 88241-1980 District II \$11 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505

## State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

API Number			<sup>3</sup> Pool Code 7200		³ Pool Name Fruitland Coals					
* Property 00058	Code		M N	Galt F	<sup>5</sup> Property				Well Number	
' <b>ogrid</b> 000778		Amoo	<del></del>		' Operator	Name		·		'Elevation, 023
		<del></del>			10 Surface	Location				
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West	line	County
М	1	27N	10W		990	South	990	West		San Juan
			11 Bot	tom Hol	e Location I	f Different Fr	om Surface			
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West	t line	County
Dedicated Act			Consolidatio		l Order No. IS COMPLETI	ON UNTIL ALL	INTERESTS H	I IAVE BEI	EN CO	NSOLIDATED

16			17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
	والمراجعة المستحدة المراجعة ال		Signature  Gail M. Jefferson  Printed Name  Sr. Admin. Staff Asst.  Title  7/6/95  Date
	DEGE IV AUG 1 OIL GOI DIM	7 1995 U U. DOV.	18SURVEYOR CERTIFICATION  I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  Q - Q - 48  Date of Survey  Signature and Seal of Professional Surveyer:
990'			Certificate Number