F-orm 3160-5 (June 1990)

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UNITED STATES	/	FORM APPROVED
PARTMENT OF THE INTERIOR SEAU OF LAND MANAGEMENT	BECEINED	Budget Bureau No. 1004-013 Expires: March 31, 1993

	ND REPORTS ON WELLS	MNSF-046563
	or to deepen or reentry to a different, reservoir	6. Mindian, Allottee or Tribe Name
Use "APPLICATION FOR	PERMIT - " for such proposals	
	670 ()	7. If Unit or CA, Agreement Designation
	, - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 	
1. Type of Well		
Oil Gas Well Other		8. Well Name and No.
2. Name of Operator	Attention:	Fred Feasel F 1
Amoco Production Company	Lois Raeburn	
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201		3004506841 10. Field and Pool, or Exploratory Area
	tion)	Basin Dakota Ku72-P
4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip	1	11. County or Parish, State
1850 FSL 1450 FEL	Sec. 2 T 27N R 10W	San Juan
12. CHECK APPROPRIATE BOX(S	s) TO INDICATE NATURE OF NOTICE, R	EPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	<u> </u>
Notice of Intent	Abandonment Recompletion	Change of Plans New Construction
5-1	Plugging Back	Non-Routine Fracturing
Subsequent Report	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing Other BLM demand Itr response	Conversion to Injection Dispose Water
	(Note: Become	Report results of multiple completion on Well Completion or oldering the completion of the completion of the completion Report and Log form.
	pertinent details, and give pertinent dates, including estimated date of	
	while evaluating the final disposition of this well.	
THIS	S APPROVAL EXPINES	
17		D) APR 1 5 99
	SEE ATTACHED FOR	and the L
	GONDITIONS OF APPROVAL	OUR (2)
	-	Piran
		and the second s
14. I hereby certify that the foregoing is true and correct		00.45.4004
Signed Trais Calbus	M Title Business	Asst. Date 03-15-1994
This space for Federal or State office use		
		ADDDOVED
Approved by	Title	APPROVED
Conditions of approval, if any:	MMOCD	APR 1 2 1994
Title 18 U.S.C. Section 1001, makes it a crime for any person kn	nowingly and willfully to make to any department or agency of the Unit	ed States any fall incloses the statements or
representations as to any matter within its jurisdiction.		~- SIETRICT MANAGER

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Budget Bui ECEIVES Expires:

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

SUNDRY NOT	TICES AND REPORTS ON WELLS	5. Lease Designation and Serial No.
Do not use this form for propo	sals to drill or to deepen or reentry to a different reservoirs?	NMSF-046563 6: Ikundan, Allottee or Tribe Name
	C.C.	7. If 'Unit or CA, Agreement Designation
		2. If Sint of CA, Agreement Designation
1. Type of Well Oil Well Gas Well Other		8. Well Name and No.
2. Name of Operator	Attention:	Fred Feasel F 1
Amoco Production Company	Lois Raebrun	9. API Well No.
3. Address and Telephone No.		300450684100
P.O. Box 800, Denver, Colorado		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Basin Dakota
1850 FSL 1450 FEL	Sec. 2 T 27N R 10W	11. County or Parish, State
	2333	San Juan NM
12. CHECK APPROPRIAT	E BOX(s) TO INDICATE NATURE OF NOTICE, REF	
TYPE OF SUBMISSION		OKT, OR OTHER DATA
	TYPE OF ACTION	
Notice of latent	Abandonment	Change of Plans
Notice of Intent	Recompletion	New Construction
Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing
1-3	Altering Casing	Water Shut-Off Conversion to Injection
Final Abandonment Notice	Other BLM demand Itr response	Dispose Water
	(Note: Repo	ort results of multiple completion on Well Completion or on Report and Log form.)
well.	nporary abandonment of this well while evaluating over the	sisse year the final disposition of this
	COMMING OF ACCIONAL	STAFEB 22 PILLIS
	THIS APPROVAL EXPINES MAR 011	995 N. 25
14. I hereby certify that the foregoing is true and core	ect	
signed Lais Kalb	Title Business As	st. Date 2/17/94
This space for Federal or State office use)		
Approved by		
Conditions of approval, if any:	Title	Date
		APPHOVED
itle 18 U.S.C. Section 1001, makes it a crime for any	y person knowingly and willfully to make to any department or agency of the United Sta	tes any false, ficticious, or fraudulent statements or
production as to any matter within its jurisdiction		\$EBZ 4 1994
	/ ¥	

* See Instructions on Reverse

OPERATOR

A- DISTRICT MANAGEP

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT FARMINGTON DISTRICT OFFICE 1235 LA PLATA HIGHWAY FARMINGTON, NEW MEXICO 87401

CONDITIONS OF APPROVAL:

This Shut-In approval is contingent upon conducting a casing integrity test and a production verification test by OT 01 1994.

Mark Kelly with the Farmington Office is to be notified at least 48 hours prior to conducting the tests. (505-599-8907)

If the casing test fails, you will be required to submit your plans to repair the casing or plug and abandon the well.

Office Hours: 7:45 a.m. to 4:30 p.m.