

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.

NM-03380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Florance D LS #16

9. API Well No.

3004511707

10. Field and Pool, or Exploratory Area

Blanco Pictured Cliffs

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

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2357'FNL 800'FEL Sec. 20 T 27 R 8W UNIT H

Attention:

Gail M. Jefferson, Rm 1942

(303) 830-6157

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Cancel Casing Repair

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ 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.)*

AMOCO PRODUCTION CO REQUESTED APPROVAL TO PERFORM A CASINGHEAD REPAIR ON THE ABOVE MENTIONED WELL BY SUNDRY DATED NOVEMBER 19, 1993 AND APPROVAL WAS GRANTED DECEMBER 3, 1993. THIS REQUEST IS BEING CANCELLED DUE TO A DISCOVERY OF INCOMPLETE DATA RECEIVED DURING OUR EVALUATION OF THE CASINGHEAD REPAIR.

IF YOU NEED ANY ADDITIONAL TECHNICAL INFORMATION PLEASE CONTRACT LARA KWARTIN AT (303) 830-5708.

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

Signed

Gail M. Jefferson

Title

Business Assistant

Date

02-28-1995

(This space for Federal or State office use)

Approved by

Title

Date

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 statements or representations as to any matter within its jurisdiction.

* See Instructions on Reverse Side

NMOCO

ACCEPTED FOR RECORD

MAR 06 1995

FARMINGTON DISTRICT OFFICE

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