

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

3. LEASE DESIGNATION AND SERIAL NO.

NM-04208

4. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 800, Rm. 1846, Denver, CO 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1800' FSL, 1650' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RL, OR, etc.)

30-045-07470

5958' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McCulley LS

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLR, AND SURVEY OR AREA

Sec. 14-T28N-R9W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Long term shut-in

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 requests permission to leave well shut-in through February 1990. Amoco will test casing to 500 PSI once long term shut-in is approved. We will arrange for this test to be conducted within 30 days of approval at your convenience.

THIS APPROVAL EXPIRES FEB 17 1990

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

SIGNED *J.R. Hampton*

TITLE Admin. Supv.

DATE 5/17/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

*See Instructions on Reverse Side

