Form 3160-5
December 1989

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019 FARMINGTON, N.M.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.
NM-16502

6. 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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

7. If Unit or C.A. Agreement Designation

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
Gallegos Federal #1

2. Name of Operator
Amoco Production Company Attn: John Hampton

9. API Well No.
30 045 23238

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

10. Field and Pool, or Exploratory Area
Basin/Dakota/Gallegos GLF

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1850' FNL, 790' FWL SW/NW Sec. 25, T27N-R13W

11. County or Parish, State
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 Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Plug and Abandon	

(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 Company intends to Plug and Abandon the subject well.
See Attached for procedure:

If you have any questions please call Julie Zamora at 303-830-6003

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JUN 0 1991
OIL CON. DIV.
DIST. 3

SEE ATTACHED FOR CONDITIONS OF APPROVAL

APPROVED
JUN 0 7 1991

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

Signed [signature] Title Sr. Staff Admin Supv. Date 5-30-91

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: