

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

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

2. Name of Operator Attention:  
Amoco Production Company Lois Raebrun

3. Address and Telephone No.  
P.O. Box 800, Denver, Colorado 80201 (303) 830-5294

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
800 FSL 1683 F<sup>E</sup>WL Sec. 22 T 28N R 9W

5. Lease Designation and Serial No.

SF 077111

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Storey C LS 1

9. API Well No.  
3004507248

10. Field and Pool, or Explorer / Area  
Picture Cliffs

11. County or Parish, State  
San Juan NM

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION  |  |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                        | <input type="checkbox"/> Change of Plans         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion                       | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back                      | <input type="checkbox"/> Non-Routine Fracturing  |
|  | <input type="checkbox"/> Casing Repair                      | <input type="checkbox"/> Water Shut-Off          |
|  | <input type="checkbox"/> Altering Casing                    | <input type="checkbox"/> Conversion to Injection |
|  | <input checked="" type="checkbox"/> Other Temporary Shut-in | <input type="checkbox"/> Dispose Water           |

(Note: Report results of multiple completion or 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 request a one year shut-in status on the well listed above in order to further evaluate the well.

If you should have any questions please contact Mike Kutas @ (303) 830-5159

RECEIVED  
MAR 7 1994  
OIL CON. DIV  
DIST. 3

070 FARMINGTON, NM

03-07-94 11:10:40

RECEIVED  
MAR 7 1994

THIS APPROVAL EXPIRES APR 01 1995

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

Signed Lois Raebrun Title Business Asst. Date 03-07-1994

(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

APPROVED  
MAR 15 1994  
DISTRICT MANAGER