

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-C
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL

892000844 F

4. IF INDIAN, ALLOTTEE OR TRIBE N.

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

200 Amoco Court Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with the instructions on the reverse side.
See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether at surface or at depth)
OIL CON. DIV
DIST. 3

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) Flow Test Well

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 and 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 requests Approval to flow test the subject well for up to 15 days to determine economics of pipeline connection. Gas flows will be flared.

This well was originally drilled in 1985.

APPROVED

APR 15 1991
AREA MANAGER

Approved

Chief, Branch of
Mineral Resources
Farmington Resource Area

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

SIGNED

B. D. Shaw

TITLE

Enviro. Coordinator

DATE

1-25-91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

NMOOD