Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

SF-078497

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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

2. Name of Operator

Amoco Production Company

Attention:

Julie L. Acevedo

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201   (303) 830-6003

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

1900FNL   790FEL   Sec. 4 T 29N R 4W

8. Well Name and No.

Carson Federal /H/   #1

9. API Well No.

Basin Dakota

10. Field and Pool, or Exploratory Area

3003925330

11. County or Parish, State

Rio Arriba   New Mexico

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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
	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
☐ Subsequent Report	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
☐ Final Abandonment Notice	☒ Other Plug Back	☐ 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 Company intends to plug back the Dakota formation and test the Pictured Cliffs formation on the subject well. This well is located in the Carson National Forest, work will commence when the Forest Service restrictions allow us to begain activity.

If you have any questions please contact Julie L. Acevedo @ (303) 830-6003.

RECEIVED
JUL 1 8 1994
OIL CON. DIV.
DIST. 3

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

Signed _____   Title ___ Sr. Staff Assistant ___   Date 06-30-1994

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any:

* See Instructions on Reverse Side