

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. <b>NMSF078046</b>
2. Name of Operator <b>AMOCO PRODUCTION COMPANY</b>		6. If Indian, Allottee or Tribe Name
Attention: <b>JIM SHAHEEN</b>		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. <b>200 Amoco Court Farmington, New Mexico 87401</b>		8. Well Name and No. <b>HUGHES /B/ #5</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>SE SW Sec. 21 T 29N R 8W</b>		9. API Well No. <b>3004507945</b>
		10. Field and Pool, or Exploratory Area <b>MESAVERDE</b>
		11. County or Parish, State <b>SAN JUAN NEW MEXICO</b>

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input 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 RETURNED TO PROD	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

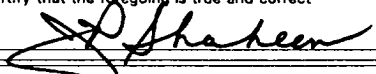
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

THIS WELL HAS BEEN RETURNED TO PRODUCTION EFFECTIVE 6/28/95.

RECEIVED  
IN SEP - 5 1995  
OIL CONL. DIV.  
DIST. 8

RECEIVED  
PM MAIL ROOM  
95 AUG 30 AM 10:28  
070 FARMINGTON, NM

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

Signed		Title	<b>SR BUSINESSSS ANALYST</b>	Date	<b>08-28-1995</b>
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(This space for Federal or State office use)

Approved by		Title	<b>ACCEPTED FOR RECORD</b>
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

FARMINGTON DISTRICT OFFICE

BY 