

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

019 FARMINGTON, N.M.

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

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Attn: John Hampton

3. Address and Telephone No.

P.O. Box 800 Denver, Colorado 80201

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

1600' FNL and 1460' FWL Sec. 21, T29N-R8W

SE/NW

5. Lease Designation and Serial No.

SF-078046

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Mesaverde Strat Test 3

9. API Well No.

30-045-08046

10. Field and Pool, or Exploratory Area

Blanco Mesaverde

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

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Flow test.

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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 flow test the above subject well for seven days.

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OIL CON. DIV.
DIST. 3

If you have any questions please contact Cindy Burton @ (303) 830-5119.

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

Signed John Hampton

Title Sr. Staff Admin. Supv.

APPROVED

Approved by
Conditions of approval, if any:

Title

NMOCD

Date

APR 07 1992

AREA MANAGER

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