Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BURFALLOF LAND MANAGEMENT

FOR	M APPRO	OVE	D	
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Expires:	March 3	31.	1993	

BL	JREAU OF LAND MANAGEMENT	Expires: March 31, 1993
	NOTICES AND REPORTS ON WELLS or proposals to drill or to deepen or reentry to a different reservoir.	5. Lease Designation and Serial No. SF - 078414
	APPLICATION FOR PERMIT · " for such proposals - \ \ \ \ - \ \ - \ \ - \ \ \ \ \ \ \	6. If Indian, Allottee or Tribe Name
1. Type of Well	DECENTED OF FAMILIATION, AM	7. If Unit or CA, Agreement Designation
Oil Gas Other	101 uny - 8 1999	8. Well Name and No.
2. Name of Operator	1111 NOV - 8 1500	Day A LS 15
AMOCO PRODUCTION COM	IPANY CORIO D'Mary Corley	9. API Well No.
3. Address and Telephone No.	Olly Goldon	30-045-20906
P.O. BOX 3092 HOUSTON,	TX 77253 DISTIG 3 281-366-4491	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description	an)	Blanco (Pictured Cliffs)
1660' FSL 1050' F	EL Sec. 17 T 29N R 8W UNIT I	11. County or Parish, State SAN JUAN NEW MEXICO
12. CHECK APPROPRIA	TE BOX(s) TO INDICATE NATURE OF NOTICE, RE	
TYPE OF SUBMISSION	TYPE OF ACTION	i. o.c., o.c. o.c.
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recomplation Plugging Back Casing Repair Altering Casing Other BLM LTR 9/10/1999	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water ort results of multiple completion on Well Completion or Recompletion Report and Log form.
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Amoco Production Company is in the process of obtaining partner approval to plug and abandon the subject well. Plugging procedures are being formulated and will be forwarded to your office for approval upon completion. Final abandonment to commence upon Regulatory approval and when 100% partner approval is obtained as mandated by contract.

4. I hereby certify that the foregoing ight phant correct Signed Signed	Title	Sr. Business Analyst	Date	10-18-1999
This space for Federal or State office use)				
Approved by Conditions of approval, if any:	Title		Date:	MARKED

* See Instructions on Reverse

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