

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

APPROVED
FEB 17 1999 11:57

5. Lease Designation and Serial No.
NMSF - 078046

6. If Indian, Allocated or Tribe Name

7. If Unit or CA, Agreement Designation
WELL NAME AND NO. HUGHES LS # 19
BLM Well No.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator Attention:
AMOCO PRODUCTION COMPANY MARY CORLEY

3. Address and Telephone No.
P.O. BOX 3092, HOUSTON, TX 77253 281-366-4199

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1050 FNL 1700 FEL Sec. 20 T 29N R 8W UNIT B

3004521037

10. Field and Pool or Exploratory Area
BLANCO PICTURED CLIFFS
11. County or Parish, State
SAN JUAN NEW MEXICO

RECEIVED
FEB 24 1999

OIL CON. DIV.
DIST. 6

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other DMD LTR DTD 6/18/98
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<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.)

ON 9/2398 AMOCO PRODUCTION COMPANY INDICATED THAT WE WOULD INSTALL A WELLHEAD COMPRESSOR ON THIS WELL IN THE FIRST QUARTER OF 1999. DUE TO TRANSLATIONAL PROBLEMS WE RESPECTFULLY REQUEST PERMISSION TO DELAY THE INSTALLATION OF THE COMPRESSOR UNTIL LATER THIS YEAR.

IF WELL DOES NOT PERFORM UNDER WELLHEAD COMPRESSION AN EVALUATION WILL BE MADE AT THAT TIME TO EITHER RECOMPLETE OR PLUG AND ABANDON THE WELL.

REFERENCE NMNM-04202

THIS APPROVAL EXPIRES SEP 01 1999

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

Signed Mary Corley Title SR BUSINESS ANALYST Date 02-15-1999

(This space for Federal or State official use)

Approved by /s/ Duane W. Spencer Title Team Lead, Petroleum Management Date FEB 22 1999

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 Side

NMOC