Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED BLM

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

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

SF-- 078132

Do not use this form for proposals to drill or to deepen or reentry to a different resentair.

Use "APPLICATION FOR PERMIT—" for such proposals to drill or to deepen or reentry to a different resentair.

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SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
Type of Well Oil Well Well Other		P. Wall Na
. Name of Operator		8. Well Name and No.
Amoco Production Company	Pat Archuleta, Room 1205C	A. L. Elliott B 2A
P.O. Box 800 Denver, CO 80201	(303) 830-5217	9. API Well No. 3004522664
Location of Well (Footage, Sec., T., R., M., or Survey Description)	(303) 030 3217	10. Field and Pool, or Exploratory Area Blanco Mesaverde
890' FSL 1520' FEL		11. County or Parish, State

000 10H 1020 FEL		
	Sec. 10-T29N-R9W Unit O	San Juan, New Mexico
CHECK APPROPRIATE E	BOX(s) TO INDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Chemical Treatment	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.)

Completion or Recompletion Report and Log form.)

Bescribe 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.)*

Move in set up equipment 3/27/96. Pre treatment H2S level at 30ppm.

Mixed 1700# of soduim nitrate with 800 bbls wtr. Injected chemical mixture through tubing from 4076' - 4764'. Inital pressure 670#

Final pressure 646#

Inital rate

5:0 bpm

Final rate

5.3 bpm

Maximum rate 6.4 pbm. Move off injection equipment. SI for 48hrs.

Move in squab unit. Swabbed for 12hrs. Well stated to flow. RD swab unit began H2S post treatment monitoring 3/30/96.

Post treatment H2S leve 2ppm through 5/1/96 as indicated on chart attached.



14. I hereby certify that the foregoing is true and correct		
Signed Las archerleto	Title	Clerk DIGG DIV
(This space for Federal or State office use)		AGUEFIED FOR HEADING
Approved byConditions of approval, if any:	Title	Dajij n 0 4 1996



