

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

2325 E. 30 St., Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1580' FSL x 1690' FWL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5925' GR

5. LEASE DESIGNATION AND SERIAL NO

SF-770

6. IF INDIAN, AGENCY OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Trigg Federal Gas Com B

9. WELL NO.

1E

10. FIELD AND NAME, OR WILDCAT

Basin Dakota

11. BECC, T. L. R., OR BLK. AND SURVEY AREA

NE/SW Sec 15, T29N, R9W

12. COUNTY OR TERRITORY

San Juan

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Extend APD

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPORT NO WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and form.)

17. 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 requests approval to extend the Application for permit to Drill for the subject well.

This Approval is Temporary
Abandonment Expires

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

SIGNED

BS Shaw

TITLE Adm. Supervisor

DATE 9-23-86

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

