

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

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. NMSF-709907
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790 FNL 1530 FEL Sec. 27 T 28N R 12W		8. Well Name and No. Gallegos Canyon Unit 154
		9. API Well No. 3004507917
		10. Field and Pool, or Exploratory Area Basin Dakota
		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	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____ <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.)*

Fix surface facilities, repair separator and Return to Production w/in 90 days.

RECEIVED
FEB 11 1994
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
94 FEB -1 AM 11:15
070 FARMINGTON, NM

THIS APPROVAL EXPIRES MAY 01 1994

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

Signed

Lois Raeburn

Title

Business Asst.

Date

01-28-1994

(This space for Federal or State office use)

Approved by

Title

Date

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
NMOCD

APPROVED

FEB 08 1994

DISTRICT MANAGER