

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on Reverse Side)

Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

SF-077092-B  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company  
3. ADDRESS OF OPERATOR

P.O. Box 800, Rm. 1846, Denver, CO 80201  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

990' FNL, 1190' FEL

14. PERMIT NO.

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

5859' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lackey, C. LS  
9. WELL NO.

#1  
10. FIELD AND POOL, OR WILDCAT

Blanco Mesaverde  
11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec. 11-T29N-R10W  
12. COUNTY OR PARISH

San Juan 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 COMPLETION ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) Long term shut-in ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log 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 requests permission to leave this well shut-in through February 1990. Amoco will test casing to 500 PSI once long term shut-in is approved. We will arrange for this test to be conducted within 30 days of approval at your convenience.

THIS APPROVAL EXPIRES FEB 17 1990

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

SIGNED J. Hampton  
(This space for Federal or State office use)

TITLE Admin. Supv.

DATE 5/17/89

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side