

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078596A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Blanco Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, ~~18N-10W-2E~~

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR

P. O. Box 800 Denver, Colorado 80201

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

915' FSL, 1785' FEL

14. PERMIT NO.

3004512193

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

6315' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Correct Field name

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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).*

This sundry is to correct the Field name from Undes. Fruitland Coal to the Blanco Pictured Cliffs; when I sent in the notice of intention to plug and Abandon I put the wrong Field name on the form.

See attached Sundry dated 3/1/90.

RECEIVED
APR 6 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

J.L. Hampton
J. L. Hampton

(This space for Federal or State office use)

Sr. Staff

TITLE Administrative Supv.

DATE APR 1 1990

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ADMINISTRATIVE RESOURCE AREA

AMCOOD

*See Instructions on Reverse Side

RECEIVED
JUN 19 1964

VIA AIR MAIL
JUN 19 1964

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

For a approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078596a

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

FARMINGTON RESOURCE AREA
ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR

P. O. Box 800 Denver, Colorado 80201

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

915' FSL, 1785' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florance

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Undes. Fruitland Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T30N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

14. PERMIT NO.

3004512193

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

6315' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Production Company intends to Plug and Abandon the subject well
see attached for procedure:

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Sr. Staff

TITLE Administrative Supv.

TITLE

APPROVED

DATE 3/1/90

DATE MAR 16 1990

AREA MANAGER
FARMINGTON RESOURCE AREA

OPERATOR

*See Instructions on Reverse Side