

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		88 DEC 22 AM 11:02	
2. NAME OF OPERATOR - Alpine Oil & Gas Corporation		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR P. O. Box 2567, Durango, CO 81302		303-247-5386	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 888' FNL & 1678' FWL			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5544 GR	
5. LEASE DESIGNATION AND SERIAL NO. NM 013885		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Federal	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Fulcher Kutz PC	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24, 29N, 12W, NMPM		12. COUNTY OR PARISH San Juan	
13. STATE NM			

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Install Compressor ☒

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

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.)

Operator requests permission to install a gas compressor package on well pad sufficient to discharge 125-150 MCF/day against a line pressure of 225-250 psi. The package will be leased from a Farmington firm experience with compressors, and will be installed in a safe and workmanlike manner. The size will be about 12.5 to 25 hp., depending in local availability.

18. I hereby certify that the foregoing is true and correct
SIGNED Thomas B. Grunden TITLE President DATE 12/21/88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APPROVED**
CONDITIONS OF APPROVAL, IF ANY: **DEC 30 1988**
*See Instructions on Reverse Side
SIGNED Reg. Hines
SPECIAL AGENT IN CHARGE

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.

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