

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. <u>I-89-IND-58</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Navajo Tribe</u>
3. ADDRESS OF OPERATOR <u>2325 E. 30th Farmington, NM 87401</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space below for well location at surface.) <u>990/N; 1650/E</u>	8. FARM OR LEASE NAME <u>USG Section 18</u>
14. PERMIT NO.	9. WELL NO. <u>38</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND WELL, BE WILDCAT <u>Hogback Barker</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 30-29N-16W</u>
	12. COUNTY OR PARISH <u>SAN JUAN</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANE	(Other)	

(Other) Extension of Gas Venting

(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 will confirm verbal approval for extension of gas venting until 7/15/87 (John Keller to Buddy Shaw)

RECEIVED
JUL 08 1987
OIL CON. DIV.
DIST. 3

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

SIGNED BD Shaw TITLE Admin. Supervisor DATE 7/6/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

AREA MANAGER