(Formerly 9-331)

DEPARTMENT OF THE INTERIOR
(Other instructions on reverse side)

BUREAU OF LAND MANAGEMENT

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.)

5. LEASE DESIGNATION AND SERIAL NO.: SF-078596- A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Florance

9. WELL NO.: 140

10. FIELD AND POOL, OR WILDCAT: Basin Blanco 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

1. OIL WELL [ ] GAS WELL [X] OTHER

2. NAME OF OPERATOR: Amoco Production Company

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: 990' FNL, 790' FEL NE/4

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6402' GR

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 PLANS	[ ]	(Other) Permit extension			[XX]
(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 to extend the Application for Permit to Drill on the above referenced well.

This well was originally permitted by Tenneco Oil Company with an expiration date of October 12, 1989.

THIS APPROVAL EXPIRES MAR 22 1990

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

SIGNED J. L. Hampton /cb TITLE Sr. Staff Admin. Supervisor DATE 8/11/89

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE AUG 22 1989

CONDITIONS OF APPROVAL, IF ANY:

Mark Holmes
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

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.