

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

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 <u>Coal seam</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>SF. 078580-1</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u> Attn: John Hampton	6. IF INDIAN, ALLOTTEE OR TRIBE NAME .
3. ADDRESS OF OPERATOR <u>P.O. Box 800, Denver, Colorado 80201</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1120' FSL, 1325' FWL SW/SW</u>	8. FARM OR LEASE NAME <u>Moore C</u>
	9. WELL NO. <u>3</u>
	10. FIELD AND POOL, OR WILDCAT <u>Basin Foothill Coal & Gas</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 8, T30N-R8W</u>
14. PERMIT NO. <u>API</u> <u>30-045-27323</u>	12. COUNTY OR PARISH <u>San Juan</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>6423' GR</u>	13. STATE <u>N. Mex</u>

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 ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Perf. Acids, Frac

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.)

See attached

RECEIVED
BLM MAIL ROOM

89 DEC 27 AM 9:23

FARMINGTON NEW MEXICO

RECEIVED
FEB 07 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE

Sr. Staff Admin. Supr.

DATE

12-18-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCD

Moore C #3 Completion Summary.

9/7/89

Perforate:

2945' - 2951', w/4 JSPPF, .370 in diam, 24 shots open.
2986' - 3004', w/4 JSPPF, .370 in diam, 72 shots open.
3091' - 3106', " " 60 " "
3146' - 3158', " " 48 " "
3166' - 3184', " " 72 " "

Acidize:

Acidize with 11070 gal. 15% HCL

Trace:

Trace dr csg w/ 348000 gal 30# x-Link gel,
33000# 40/70 SN, 364030# 12/20 SN, AIP 1700 psi,
AIR 55 BPM.