

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 ☐ GAS ☒ OTHER Coal seam

2. NAME OF OPERATOR
Amoco Production Company Attn: John 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
1395' FNL, 1490' FEL SW/NE

14. PERMIT NO. API
30-045-27337

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6258' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF 078580A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Moore A

9. WELL NO.
8

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T30N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

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

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

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.)

8/24/89 perf.

2926' - 2946' w/8 JSPF 1.50 in diam., 160 shots, open
3010' - 3030' 160 shots.
3074' - 3105 248 shots

RECEIVED
BUL MAIL ROOM
89 DEC 27 AM 9:21
FARMINGTON, NEW MEXICO

RECEIVED
FEB 27 1990
OIL CON. DIV.
DIST. 3

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

SIGNED J. Hampton/cb TITLE Sr. Staff Admin. Sup DATE 12/21/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 23 1990

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side