

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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

NM

1. ☐ OIL WELL ☐ GAS WELL ☒ 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 DT, RT, GR, etc.)

6258' GR

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 COMPLETION

ABANDON*

CHANGE FLANG

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Liner Summary

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.)*

Amoco ran a 4 1/2" 11.6# K55 LT&C liner in the subject well.

Top of Liner: 2775'

Bottom of Liner: 3109'

The liner was not cemented

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. Supr.

DATE

2/6/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side