

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Coal seam</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>SF-078578</u>
2. NAME OF OPERATOR <u>Amoco Production Company ATTN: J.L. HAMPTON</u>	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>1980' FNL, 1710' FEL SW/NE</u>	8. FARM OR LEASE NAME <u>Florance Gas Com A</u>
14. PERMIT NO. <u>API</u> <u>30-045-27415</u>	9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6021' GR</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruit land Coal Gas</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 22, T 30N, R8W</u>
	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>n. Mex.</u>

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

NOTICE OF SHUT-IN	RECEIVED JAN 26 1990 OIL CON. DIV. DIST. 3	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>
FRACUTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACUTURE TREATMENT <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGING DEPTH <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
(Other) <input type="checkbox"/>		(Other) <u>spud + set casing</u> <input checked="" type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Fully 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.) *

Spud a 12 1/4" surface hole on 7/24/89 at 9:30 hrs. Drilled to 381 '.
Set 9 5/8" 36# K-55 surface casing at 381 '. Cemented with 315 SX CIB with 2% CaCl2. Circulated 28 BBLs to the surface.
Pressure tested casing to 1500 psi. Drilled a 8 1/4" hole to a TD of 2642 ' on 7/26/89. Set 7" 23# K-55 production casing at 2642 '. Cemented with 250 SX CIB tail with 100 SX CIB with 2% CaCl2, 1/4# 1/2X Flocele. Circulated 7 BBLs good cement to the surface.

Rig Released at 2100 hrs. on 7/26/89.

8/26/89:
Ran 4 1/2" liner 2386'-3049' (4 1/2" 11.6# K-55) mix and pump 60 SX poz mix scavenger. Pump 205 SX CIB. Plug down on 8/27/89 1207 hrs. Float held.

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

SIGNED J. L. Hampton TITLE Sr. Staff Admin. Supv. DATE 12/18/89
(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA