

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-078578</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 <u>4</u>
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, AT, GR, etc.) <u>6021' GR</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal Gas</u>
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 22, T30N, 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 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) completion sundry

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 summary.

RECEIVED
JAN 26 1990
OIL CON. DIV.,
DIST. 3

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

SIGNED

J. L. Hampton/CB

TITLE Sr. Staff Admin. Supr.

DATE 12/18/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Florance Gas Com A#1 Completion Summary

9/19/89

Perforated: 2639' - 2645' w/4 JSPF, .50 in. diam., 28 shots, open
2697' - 2717' 80 , open
2733 - 2744' 44 , open
2750' - 2754' 16 , open
2782' - 2788' 24 , open
2790' - 2795' 20 , open
2798' - 2805' 28 , open
2820' - 2838' 72 , open
2841' - 2847' 24 , open

9/20/89

Acidized perforated interval with 5040 gal 15% HCL.

9/20/89

Frac well with 101000 gal 30# X-Link gel
32000 # 40/70 sn
357200 # 12/20 sn
AIR 55 BPM
AIP 2200 PSI
screened out w/ 12 PPG sn @ 55 BPM