

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 Coal Seam		5. LEASE DESIGNATION AND SERIAL NO. NM-012711
2. NAME OF OPERATOR Amoco Production Company ATTN: J.L. Hampton		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 800 Denver, Colorado 80201		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 2250' FNL, 910' FEL SE/NE		8. FARM OR LEASE NAME Florance G
RECEIVED DEC 21 1989 OIL CON. DIV.		9. WELL NO. #3
		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas
14. PERMIT NO. unknown at this time		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T30N, R8W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6273' GR		12. COUNTY OR PARISH San Juan
16. Check Appropriate Box To Indicate Nature of Report, or Other Data		13. STATE New Mexico
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> (Other) Change in casing alloc. <input checked="" type="checkbox"/>		
SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> REPAIRING WELL <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/> (Other) <input type="checkbox"/> (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.)*		

Per verbal conversation with Mr. Beacher of your office on 12/15/89 the casing allocation on the above referenced well has been changed from:

9 5/8", 36# K-55 set at 250' with 200 cf Class B
7" 20# K-55 set at 2984' with 838 cf Class B
(Liner to remain unchanged) 5 1/2")

To:

10 3/4" 40.5# K-55 set at 250' with 200 cf of Class B
7 5/8" 26.4# K-55 set at 2970' with 1155 cf of Class B

Please contact Cindy Burton (303) 830-5119 if you have any questions pertaining to the above.

18. I hereby certify that the foregoing is true and correct		Sr. Staff	
SIGNED <i>J.L. Hampton</i>	TITLE Admon. Supervisor	DATE 12/15/89	
(This space for Federal or State office use)		APPROVED <i>[Signature]</i>	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.