

Form 3160-5  
(November 1983)  
(Formerly 9-331)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>  | 5. LEASE DESIGNATION AND SERIAL NO.<br>nm-012711                      |
| 2. NAME OF OPERATOR<br>Amoco Production Company ATTN: J.L. HAMPTON  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>910' FEL, 2250' FNL. SE/NE | 8. FARM OR LEASE NAME<br>Florance 'G'                                 |
| 14. PERMIT NO.<br>30-045-27551  | 9. WELL NO.<br>3  |
| 15. ELEVATIONS (Show whether DP, RT, OR, etc.)<br>6273' GR.   | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coal                |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 3, T30N, R8W |
|   | 12. COUNTY OR PARISH<br>San Juan                                      |
|   | 13. STATE<br>N.M.   |

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

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) <input 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 checked="" type="checkbox"/> Spud & set casing |  |

(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.)

Spud a 13 3/4" surface hole on 12/17/89 at 16:30 hrs. Drilled to 285' surface casing at 205'. Cemented with 325 sx CIB. Circulated 20 BBLs to the surface. Pressure tested casing to 1500 psi. Drilled a 9 5/8" hole to a TD of 2932' on 12/21/89. Set 7 5/8" 26.40# N80 production casing at 2930'. Cemented with 600sx 65/35 po2, 100 sx CIB. Circulated 42 BBLs good cement to the surface.

Rig Released at 2400 hrs. on 12/21/89.

Accepted For Record

RECEIVED

FEB 27 1990

OIL CON. DIV.  
DIST. 3

FEB 27 1990  
W.  
Chief, Branch  
Mineral Resources  
Farmington

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

SIGNED J. L. Hampton/CIB TITLE Sr. Staff Admin. Supv. DATE 1/24/90  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NM000

\*See Instructions on Reverse Side