

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078139

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Amoco Production Company

8. FARM OR LEASE NAME

Elliott Gas Com D

3. ADDRESS OF OPERATOR

2325 E 30th St. Farmington NM 87401

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

990' FSL X 1650' FWL

10. FIELD AND POOL, OR WILDCAT

Blanca Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SESW Sec 9-T30N-R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6089' GL

12. COUNTY OR PARISH

San Juan NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other): Inspection Compliance
(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.)

Reference your letter of 9-9-88, SF078139 (wc) 3162.5-1
all requirements were completed 9-28-88.

RECEIVED
OCT 10 1988
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

Bruce King

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

SIGNED

D. Shaw

TITLE

Adm. Supervisor

DATE

9-29-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side