

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. SF-080597
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
Attention: Kelly Stearns		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201		8. Well Name and No. GARTNER A #10
(303) 830-4457		9. API Well No. 3004525373
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790'FSL 1700FWL Sec. 33 T 30N R 8W		10. Field and Pool, or Exploratory Area Blanco Pictured Cliffs
		11. County or Parish, State San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Workover/repair
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Amoco intends to workover/repair the subject well in an effort to condition the well to a useful function by year end 1994 (possibly earlier depending on rig scheduling).

RECEIVED
APR 18 1994

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
26 APR -7 6:11:37
070

THIS APPROVAL EXPIRES **MAY 01 1995**

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

Signed Kelly Stearns Title BUSINESS ANALYST Date 04-05-1994

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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.

APR 17 1994

DISTRICT MANAGER