

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 <u>Coal Seam</u>		3. LEASE DESIGNATION AND SERIAL NO. <u>NM-013686</u>
2. NAME OF OPERATOR <u>Amoco Production Company Attn: John Hampton</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 800, Denver, Colorado 80201</u>		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 <u>1800' FEL x 1730' FWL</u>		8. FARM OR LEASE NAME <u>Pritchard</u>
14. PERMIT NO. <u>API</u> <u>3004527016</u>		9. WELL NO. <u>10</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>6324' GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Underwater Frontland</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>N 1/4 Sec 1, T 30N-R 9W</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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perf. Analysis, Trac</u> <input checked="" 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 and 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 attachments:

RECEIVED
FEB 07 1990
OIL CON. DIV.
DIST. 3

RECEIVED
PLY MAIL ROOM
89 DEC 27 AM 9:24
FARMING AND NEW MEXICO

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

SIGNED J. Hampton / CUB TITLE Sr. Staff Admin. Supr. DATE 12/16/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

Pritchard A #10

Perforations: 8-19-89

2950'-2962'	W/4 JSPF, .50 in diam,	84 slots open,
2971'-2980'	"	56 "
3019'-3035'	"	64 "
3057'-3071'	"	36 "
3114'-3135'	"	48 "

Acidize: 8-20-89

Acidize with 4650 gal. 15% HCL.

Frac: 8-21-89

Frac down casing with 58000 gal 30# x-linked gel,
28000# 40/70 SN, 333400# 12/20 SN.

Flush with 107 BBL₂. AIR 55 BPM, AIP 2600 psi.