

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

RECEIVED  
BLM  
91 APR 16 PM 2:22  
070 FARMINGTON, NM

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator AMOCO PRODUCTION COMPANY	
Attention: Nancy I. Whitaker	
3. Address and Telephone No. P.O. BOX 800 DENVER, COLORADO 80201	303-830-5039
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1210 FSL 660 FWL Sec. 31 T 31N R 8W UNIT M	

5. Lease Designation and Serial No. nm - 013685
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. DAWSON GAS COM # 1
9. API Well No. 3004527336
10. Field and Pool, or Exploratory Area FRUITLAND COAL
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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 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 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.)\*

MIRUSU 3/31/97  
ND WELLHEAD NU BOP. TEST BOP EQUIP FROM 200 TO 2000 PSI. HELD OKAY. TOH W/ 2 3/8" TBG. TIH W/ 6 1/4" BIT AND 4 3/4 DC. TAGGED FILL AT 3125'. C/O TO BOTTOM @ 3156'. CIRCULATE WITH 1500 CFM AIR, 10 BBLS/HR FOAM MIST. RECOVERED LGE AMOUNTS OF WATER. PULL TO SHOE AT 2506. FLOW TEST 2 HRS THRU 3/4" CHOKE 1.1 MMCFD, FLOW NATURAL THRU BLOOEILINES 2 HRS. TIH, TAG FILL AT 3139' C/O TO BOTTOM. ROTATE AND RECIPROCATATE W/ 1500 CFM AIR AND 10 BBLS/HR FOAM/MIST. PULL UP TO SHOE AND FLOW TEST 2 HRS THRU 3/4" CHOKE. 1.17 MMCFD, FLOW NATURAL THRU BLOOE LINE 2 HRS. TIH AND TAGGED FILL AT 3139'. C/O TO 2156 W/ 1500 CFM AIR & 10 BBLS/HR MIST. FLOW TEST 2 HRS THRU 3/4" CHOKE. 1.21 MMCFD, FLOW NATURAL THRU 2" LINE. TIH & TAG FILL AT 3125'. C/O TO 3156 W/1500 CFM AIR AND 10 BBL/HR MIST. R/R ON BOTTOM. FOW TEST 2 HRS THRU 3/4" CHOKE, 1.23 MMCFD. FLOW NATURAL THRU 2" LINES AND BLOOE LINES. 2 HRS TIH & TAGGED FILL AT 3125. C/O TO 3156 W/ 1500 CFM AIR /MIST. R/R BOTTOM. FLOW TEST 2 HRS 3/4" CHOKE, 1.33 MMCFD. FLOW NATURAL 2 HRS. TIH TAG FILL AT 3141. C/O TO 3156 W/ 1500 CFM AIR/MIST. R/R BOTTOM. FLOW TEST 2 HRS THRU 3/4" CHOKE, 1.39 MMCFD. FLOW NATURAL 2 HRS. TIH TAG FILL AT 3148, C/O TO 3156' W/1500 CFM AIR/MIST, R/R BOTTOM 1 1/2 HRS. RABT 5 1/2" LINER W/ PBTD @ 3155'. RAN GR/CCL LOG. PEROFRATED LINER .340 HOLES, 4 JSPF, 2980-3013, 3117-3144', 304 HOLES. RANT PROD TBG 2 3/8" LANDED AT 3147'.  
RDSUMO 4/5/97

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

Signed

*Nancy I. Whitaker*

Title

Staff Assistant

Date

04-14-1997

(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by

Conditions of approval, if any:

Title

APR 17 1997

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 or fraudulent statements or representations as to any matter within its jurisdiction.