

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Company ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR
P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1440' FNL, 1040' FEL SE/NE

14. PERMIT NO. API
30-045-27350

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
SF-078387-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Kernaghan B

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T31N, R8W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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>Spud & set casing</u> <input checked="" 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 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 12 1/4" surface hole on 6/14/89 at 15:15 hrs. Drilled to 290'.
Set 9 5/8" 36# K55 surface casing at 280'. Cemented with 265 sx Class B. Circulated 19 BBLs to the surface.
Pressure tested casing to 1500 psi. Drilled a 8 3/4" hole to a TD of 3368' on 6/17/89. Set 7" 23# K55 production casing at 3164'. Cemented with 535 sx Howco Lite, 100 sx neat tail. Circulated 9.5 BBLs good cement to the surface.

Rig Released at 22:45 hrs. on 6/17/89.

RECEIVED
FEB 05 1990
OIL CON. DIV.,
DIST. 3

50 JUN 19 11:10:53
OIL CON. DIV.
DIST. 3

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

SIGNED J.L. Hampton/CUB TITLE Sr. Staff Admin. Supv. DATE 1/17/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side