

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS ROOM
(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: John 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
1710' FNL, 1120' FWL SW/NW

14. PERMIT NO.
3004527492

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6688' GR

5. LEASE DESIGNATION AND SERIAL NO.
SF 078438

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
San Juan 32-9 Unit

8. FARM OR LEASE NAME

9. WELL NO.
101

10. FIELD AND POOL, OR WILDCAT
Blanco Richard Cliffs

11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA
Sec. 8, T31N, R9W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mex.

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>perf & frac</u>	

(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.)

10/27/89 Perforate
3540'-3560' w/4 JSPF, .59 in. diam., 80 shots, open

10/30/89 Frac down casing with 450000 gal 70 quality foam, 88000 # 12/20 sn, 28000 gal 70 quality foam.
Breakdown pressure 2300 psi, breakdown rate 15 BPM.

RECEIVED
JAN 0 1989
OIL CON. DIV.
DATE 12/24/89

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

SIGNED J Hampton / JCB TITLE Sr. Staff Admin. Supr. DATE 12/24/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side