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91 JUL -8 PM

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No 1004-1135
Expires September 30, 1990

5. Lease Designation and Serial No
SF-080597 M.

6. If Indian, Allotee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or C.A. Agreement Designation

1. Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other Coal Steam

2. Name of Operator
Amoco Production Company   Attn: John Hampton

3. Address and Telephone No
P.O. Box 800, Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1580' FNL, 835' FEL, SE/NE, Sec. 29, T30N-R8W

8. Well Name and No.
Florance Gas Com/F/ #1

9. API Well No.
30-045-28080

10 Field and Pool, or Exploratory Area
Basin Fruitland Coal Ga

11. County or Parish, State
San Juan, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
☐ Final Abandonment Notice	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other APD Extension	

(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 requests an extension on the subject wells APD due to expire July 30, 1991.

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JUL 2 2 1991.
OIL CON. DIV.
DIST 3

THIS APPROVAL EXPIRES JAN 3 0 1992

Please contact Joe Mazotti (303) 830-5406 if you have any questions.

APPROVED
JUL 19 1991
AREA MANAGER

14. I hereby certify that the foregoing is true and correct
Signed _[signature]_   Title Sr. Staff Admin. Supv.   Date 7-5-91

(This space for Federal or State office use)

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

NMOCD