UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

10. Field and Pool, or Exploratory Area

11. County or Parish, State

Picture Cliffs

20112713 01 27111				
SUNDRY NOTICES AND Do not use this form for proposals to drill or	5. Lease Designation and Serial No. SF 0794	5. Lease Designation and Serial No. 18040 SF 07840		
Use "APPLICATION FOR PE	6. If Indian, Allottee or Tribe Name	n, Allottee or Tribe Name		
		7. If Unit or CA, Agreement Design	gnation	
1. Type of Well Oil Well Well Other		8. Well Name and No.		
2. Name of Operator	Attention:	Mudge A	30	
Amoco Production Company	Dallas Kalahar	9. API Well No.		
3. Address and Telephone No.		3004508878		

(303) 830-5129

870 FNL 1550 FEL	Sec. 12 T 31N R 11W	San Juan New Mexico		
12. CHECK APPROPRIATI	E BOX(s) TO INDICATE NATURE OF NOT	ICE , REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other Temporary Shut-In	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection 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 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 Production Company request a one year shut-in status on the well listed above to further evaluate the well.

Sec. 12 T 31N R 11W

If you have questions please contact Dallas Kalahar @ (303)830-5129.



P.O. Box 800, Denver, Colorado 80201

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

APR 01 1995

THIS ATTIONAL EXPIRES							
cha	Title	Business Analyst	_ Date	03-07-1994			
	Title		Date				
ingly and willfully to make t	o any depar	tment or agency of the United States any false, fic	HO icious, or fra	VED			
	ha	Aa Title	Rusiness Analyst Title A P P	Title Business Analyst Date			

* See Instructions on Reverse

NMOCD

