

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

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)

1815' FNL, 1650' FWL, Sec. 10, T31N-R11W

5. Lease Designation and Serial No.
SF-078040

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Mudge IS 39

9. API Well No.

3004521024

10. Field and Pool, or Exploratory Area

Blanco Pictured Cliff Ext.

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

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☒ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other

- ☐ 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 intends to Plug and Abandon the subject well.
See attached for procedure:

RECEIVED
MAY 20 1992
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
92 MAY 14 AM 11:22
019 FARMINGTON, N.M.

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

Signed John Hampton

Title Sr. Staff Admin. Supv.

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

APPROVED
AS AMENDED

Date

5-5-92
MAY 15 1992

AREA MANAGER

NMOC