

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: Ed Hadlock

3. Address and Telephone No.

P.O. Box 800 Denver CO 80201 (303) 830-4982

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

1470' FSL, 1570' FWL NE/SW
Sec. 21, T31N-R11W

5. Lease Designation and Serial No.

SF-078096

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Mudge "B" #62

9. API Well No.

30-045-28627

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

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

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

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **APD Extension**

- ☐ 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 requests an extension on the subject well's APD which will expire on 10/23/92.

RECEIVED
OCT 13 1992

OIL COM.
APR 23 1993

APPROVED

OCT 16 1992
John Keller
AREA MANAGER

RECEIVED
BLM
92 OCT 13 PM 1:26
019 FARMINGTON, N.M.

THIS APPROVAL EXPIRES

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

Signed Ed Hadlock

Title Admin Analyst

Date 10/8/92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title NMOC

Date _____