| Form 3160-5 UNITED STATES (June 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT   |   | OF THE INTERIOR  | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No.  |
|--|---|--|---|
|  |   |  | NM-010989   |
| 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 |   |  | 6. If Indian, Allottee or Tribe Name  |
| 1. Type of Well  | 7. If Unit or CA, Agreement Designation                         |  |   |
| Oil Gas<br>Well Wel  | 8. Well Name and No.<br>Fields LS #9                            |  |   |
| Amoco Produc  3. Address and Telephone   | 9. API Well No<br>30-045-211.76                                 |  |   |
| P. O. Box 80  4. Location of Well (Foo   | 10. Field and Pool, or Exploratory Area Blanco/ Pictured Cliffs |  |   |
| 1810' FNL,   | 11. County or Parish, State San Juan, NM                        |  |   |
| ıż. CHECH  | ( APPROPRIATE BOX(s)  | TO INDICATE NATURE OF NOTICE, REPO   | RT, OR OTHER DATA   |
| TYPE O   | F SUBMISSION  |  |   |
| XX Notice  | e of Intent   | Abandonment Recompletion   | Change of Plans New Construction  |
| Subse  | equent Report   | Plugging Dack  | Non-Routine Practuring  |
| Final .  | Abandonment Notice  | Casing Repair Altering Casing Cathodic Protection  | Water Shut Off Conversion to Injection Dispose Water (Note: Reporterials of multiple completion on Well |
| give subsurface I  | ocations and measured and true vertical                         | ection details, and give pertinent dates, including estimated date of starting depths for all markers and zones pertinent to this work.)*  ill a ground bed cathodic protection as well. | n well at the above   |
| location to service the producing we please see the attached procedures.   |   |  | «RECE<br>BL<br>91 NOV 25<br>019 FARMIN  |
|  | DEC1 01991  | DEC 6 1991   | NED PH 3:   |
|  | OIL CON. DIV  | FARMINGTON, NEW MEXICO   | 0 <del>Σ</del> ω ο  |
| Please conta   | act Cindy Burton (30  | 03) 830-5119 if you have any questio   | ns.   |
| Signed Signed  | theyloregoing is true and correct                               | Title  | Delc  |
| Approved by  |   | - NMOCD  | Date  |