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Form 3160-5
December 1989

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

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

5. Lease Designation and Serial No.: SF-078502

6. If Indian, Allottee or Tribe Name:

7. If Unit or CA, Agreement Designation:

SUBMIT IN TRIPLICATE

1. Type of Well: ☐ Oil Well ☒ Gas Well ☐ Other Coal Seam

8. Well Name and No.: Vandewart "A", #12

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

9. API Well No.: 30-045-28502

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1580' FNL, 1450' FEL, SW/NE, Sec. 11, T29N R8W

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
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ 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 20, 1991.

JUL 1991
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES: JAN 20 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: A J Hampton [illegible] 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: