OIL CONSERVE ON DIVISION RECE TED

AM 8 59 '91 DEW 12 Form 3160-5 FORM APPROVED UNITED STATES Budget Bureau No. 1004-0135 (June 1990) DEPARTMENT OF THE INTERIOR Expires: March 31, 1993 BUREAU OF LAND MANAGEMENT 5. Lease Designation and Serial No. SF-080597 SUNDRY NOTICES AND REPORTS ON WELLS 6. Il Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well Oil Well 8. Well Name and No. Gartner Gas Com B #1 2. Name of Operator 9. API Well No. ATTN: J.L. Hampton Amoco Production Company 3. Address and Telephone No. 30-045-27585 10. Field and Pool, or Exploratory Area Denver, Colorado 80201 P. O. Box 800 Basin/Fruitland Coal Gas 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State Sec. 26, T30N-R8W. 1770' FSL, 900' FWL San Juan, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION XX Notice of Intent Change of Plans Abandonment New Construction Recompletion Subsequent Report Plugging Back Non-Routine Fracturing Water Shut-Off Casing Repair Final Abandonment Notice Conversion to Injection Altering Casing Cathodic Protection Dispose Water (Note: Repart 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 permission to drill a ground bed cathodic protection well at the above location to service the producing well. ACCEPTED FOR RECORD 019 FARMINGTON, N.M. Please see the attached procedures. FARMINGTON RESOURCE AREA DEC 6 1991 FARMINGION, NEW MEXICO OIL CON. DIV Please contact Cindy Burton (309) 830-5119 if you have any questions. 14. I hereby certify that the foregoing is true and correct ... (This space for Federal or State office use) Approved by

NMOCD

Conditions of approval if any: