

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

Expires August 31, 1983

3. LEASE DESIGNATION AND SERIAL NO.

NM-28699

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southern Union Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Regina Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SE/NW Sec. 36, T24N, R1W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

2325 E. 30th Street, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

1650' FNL x 1650' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7217' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Continue Testing

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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 hereby requests an additional 30 days to further test the subject well.

RECEIVED  
OIL ROOM  
88 DEC 20 AM 11:12  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

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

SIGNED

TITLE Adm. Supervisor

DATE 12/15/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 03 1989

AREA MANAGER

\*See Instructions on Reverse Side