Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135

Expires: March 31, 1993

	/	5. Lease Designation and Serial No.
SUNDRY NOTICES AND	REPORTS ON WELLS	SF-078570
Do not use this form for proposals to drill or to Use "APPLICATION FOR PERI	deepen or reentry to a different reservoir.	6. If Indian, Allottee or Tribe Name
		7. If Unit or CA, Agreement Designation
Type of Well Oil Ses Other		8. Well Name and No.
Well Well Utner  Name of Operator	Attention:	SAN JUAN 28-7 202
AMOCO PRODUCTION COMPANY  Address and Telephone No.	WAYNE BRANAM	9. API Well No. 3003920960
P.O. Box 800, Denver, Colorado 80201	(303) 830-4912	10. Field and Pool, or Exploratory Area  S. Blew UNDES. CHACRA
. Location of Well (Footage, Sec., T., R., M., or Survey Description)  1675FSL 1080FEL Sec	с. 8 Т 27N R 7tW	11. County or Parish, State
		RIO ARRIBA NEW MEXICO
2. CHECK APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent  Subsequent Report  Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other EVALUATING (Note: Re	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  port results of multiple completion on Well Completion or stion Report and Log form. )
OR PLUG AND ABANDON BY JUNE 1, 1994	معاقبهم والأراد المنافر والمنافرة وا	
	第416 <b>日</b> 2016 <b>日</b> 2016 <b>日</b> 2016 <b>日</b> 2016 <b>日</b>	
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14. I hereby certify that the foregoing is true and correct Signed A Wayy Bran	Title BUSINESS A	ANALYST Date 04-11-1994
(This space for Federal or State office use)		
Approved by Conditions of approval, if any:	Title	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person knowing representations as to any matter within its jurisdiction.	ply and willfully to make to any department or agency of the United S	States any false, Ticticious, or Fraudount statements of
Improvementation and to stry		<b></b>

\* See Instructions on Reverse Side **胸**病(注)