

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No.  SF 077107 B
2. Name of Operator AMOCO PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
Attention: LOIS RAE BURN		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201		8. Well Name and No. MICHENER LS # 3
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  1090FSL 990FWL Sec. 15 T 28N R 9W		9. API Well No. 3004507478
		10. Field and Pool, or Exploratory Area DAKOTA
		11. County or Parish, State SAN JUAN NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE , REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<div><input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other <u>Isolate (Dakota)</u></div> <div><input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water</div> <div>(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form. )</div>

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.)\*

On 10/25/94, Set CIBP @ 6573' Cover w 50' cmt. prs test ccsg to 1000 psi, test: ok.

If you should have any questions please contact Stan Kolodzie @ (303) 830-4769

NOV 1 1994  
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14. I hereby certify that the foregoing is true and correct	
Signed <u>Lois Raeburn</u>	Title <u>Business Assistant</u> Date <u>11-07-1994</u>
(This space for Federal or State office use)	
Approved by _____	Title _____
Conditions of approval, if any:	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instructions on Reverse Side

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