

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME Day Gas Com "A"
3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, NM 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1600 FSL X 1520' FEL	10. FIELD AND POOL, OR WILDCAT Fulcher Kutz-Pictured Cliff
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/SE Section 18, T28N, R10W
15. ELEVATIONS (Show whether SP, WT, GR, etc.) 5888' GR	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Gas Flare	
(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.)\*

The following table is a record of our gas flared during a seven day flow test (See your approval of 5-01-84 our file No. TKA-155-400.1)

DATE	Average RATE (MCFD)	Hours FLARED	Volume FLARED (MCF)	Cumulative FLARED (MCFD)
5/6	787	21	689	689
5/7	809	24	809	1498
5/8	883	24	883	2381
5/9	883	24	883	3264
5/10	883	24	883	4147
5/11	883	24	883	5030
5/12	883	24	883	5913
5/13	883	24	883	6796

RECEIVED

MAY 31 1984

OIL CON. DIV.  
DIST. 3

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

SIGNED Original Signed By  
B. D. Shaw

TITLE Administrative Supervisor

DATE 5/22/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

NMOCC

MAY 31 1984

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY E. J. J.