

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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	
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name	
Attention: Gail M. Jefferson, Rm 1295C		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 A LS #6E	
(303) 830-6157		9. API Well No. 3004523879	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 820FNL 910FWL Sec. 31 T 28N R 9W Unit D		10. Field and Pool, or Exploratory Area Basin 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 type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report 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 Production Company has completed repairing the casing in the above referenced well per the attached.

If you have any technical questions please contact Steve Webb at (303) 830-4206 or Gail M. Jefferson at (303) 830-6157 for any administrative concerns.

RECEIVED
OCT 10 1995
OIL CON. DIV.
DIST. 3

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OCT 10 1995
OIL CON. DIV.
DIST. 3

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

Signed Gail M. Jefferson Title Sr. Admin. Staff Asst. Date 10-03-1995
(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by _____ Title _____ Date OCT 06 1995
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 representations as to any matter within its jurisdiction.

FARMINGTON DISTRICT OFFICE
BY 227

Michener A LS #6E - Subsequent - Repair

MIRUSU 9/11/95. Run tandem w/pkr set RBP @ 6605'.

Reset pkr and plug, tst'd to 500#. Tst failed. Tst tbg by standing valve.
Ran casing inspection log and caliper from 3950-6650'.

Tst'd well from 6795-6965'. Tst'd for 14 hrs on 32/64" choke, Rec 16 bbls wtr, Trace of oil and 350 mcf.
OTP 80#, SICP 365#.

TIH land 2.375" tbg @ 6626'.

RDMOSU 9/15/95