

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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                                                                        |  | 2. LEASE DESIGNATION AND SERIAL NO.<br>SF-078863                              |
| 2. NAME OF OPERATOR<br>Amoco Production Company                                                                                                                |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                          |
| 3. ADDRESS OF OPERATOR<br>2325 E. 30 St., Farmington, NM 87401                                                                                                 |  | 7. UNIT AGREEMENT NAME                                                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>790' FSL x 990' FWL |  | 8. FARM OR LEASE NAME<br>Krause Federal                                       |
| 14. PERMIT NO.                                                                                                                                                 |  | 9. WELL NO.<br>1                                                              |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6035' GR                                                                                                     |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota/Unders. Gallup                 |
|                                                                                                                                                                |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>SW/SW Sec. 32, T28N, R11W |
|                                                                                                                                                                |  | 12. COUNTY OR PARISH<br>San Juan                                              |
|                                                                                                                                                                |  | 13. STATE<br>NM                                                               |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                |                                          |
|----------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                 | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input checked="" type="checkbox"/> Change of Operator |                                          |

(Note: Report results of multiple completion or 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).\*

Please be advised that Amoco Production Company is now the operator of the subject well. Mail all future correspondence concerning this well to the above address.

"Approval of this notice does  
not warrant the validity of the  
holds legal or title to this property  
or title to this property."

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

SIGNED

*B. Shaw*

TITLE

Adm. Supervisor

DATE

2-24-87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY

*SMW*