

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

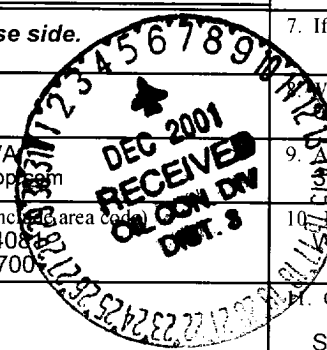
FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
SF 078903
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		2. Name of Operator AMOCO PRODUCTION COMPANY		Contact: CHERRY HLAVA E-Mail: hlavacl@bplm.gov		8. Well Name and No. ALLEGOS CANYON UNIT 58	
3a. Address P.O. BOX 3092 HOUSTON, TX 77253		3b. Phone No. (include area code) Ph: 281.366.4081 Fx: 281.366.0700		9. Well No. 30-045-06978		10. Field and Pool, or Exploratory WEST, KUTZ PICTURED CLIFFS	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T28N R12W SWSE 990FSL 1650FEL				11. County or Parish, and State SAN JUAN COUNTY, NM			



12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

10/25/01 replaced wellhead.
10/30/01 frac existing PC open hole with clear 6200# clear foam frac. Total N2 used 125 cu ft.
10/31/01 C/O to 1770' TD.
11/2/01 Lnd Tbg @ 1746'

Final CP 57 PSI, TP 0 PSI

[Handwritten signature]

14. I hereby certify that the foregoing is true and correct.	
<p align="center">Electronic Submission #9251 verified by the BLM Well Information System For AMOCO PRODUCTION COMPANY, sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 11/26/2001 ()</p>	
Name (Printed/Typed) CHERRY HLAVA	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/26/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

NMOCD