Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.

NMSF076337

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
AMOCO PRODUCTION COMPANY

Attention:
JIM SHAHEEN

8. Well Name and No.
HEATH , W.D. /A/ #14

3. Address and Telephone No.
200 Amoco Court   Farmington, New Mexico 87401

9. API Well No.
3004523902

10. Field and Pool, or Exploratory Area
MANZANARES-FARMINGTON

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NW   SW   Sec. 9 T 29N R 9W

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	
☐ Notice of Intent	☒ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
☐ Subsequent Report	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
☐ Final Abandonment Notice	☐ Other _____	☐ 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.) *

THIS WELLBORE HAS BEEN PLUGGED AND ABANDONED 5/15/95.

RECEIVED
SEP - 1995
OIL CONS. DIV.

RECEIVED
BLM MAIL ROOM
95 AUG 30 AM 10: 28
070 FARMINGTON, NM

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

Signed _____

Title   SR BUSINESSS ANALYST

Date   08-28-1995

(This space for Federal or State office use)

Approved by _____   Title _____

ACCEPTED FOR RECORD

Conditions of approval, if any:

AUG 3 0 1995

* See Instructions on Reverse

NMOCD

FARMINGTON DISTRICT OFFICE

BY _____