

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1987

3. LEASE DESIGNATION AND SERIAL NO.
SF-080099-1077194

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different formation.
Use "APPLICATION FOR PERMIT" for such proposals.)

APR 20 1987

1. OIL ☐ GAS ☒ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA
L. Elliott Gas Com F

3. ADDRESS OF OPERATOR

2325 E. 30 St., Farmington, NM 87401

RECEIVED

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface 935' FSL x 1950' FWL

MAR 30 1987

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

14. PERMIT NO.

15. ELEVATION (Show whether DT, RT, OR, etc.)

5915' GR

12. COUNTY OR PARISH, 13. STATE

San Juan

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

Extend APD

PLUG OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON ☐

CHANGE PLANE ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT ☐

(NOTE: Report results of multiple completion or well completion or recompletion report and log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give 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 requests approval to extend the Application for Permit to Drill for the subject well.

RECEIVED
APR 21 1987
OIL CON. DIV
SST

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

SIGNED

[Signature]

TITLE Adm. Supervisor

DATE 3-25-87

(This space for Federal or State office use)

ASSISTANT DISTRICT MANAGER,

[Orig. Signed] - GARY A. STEPHENS

MINERALS

DATE APR 15 1987

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

Drilling operations must be commenced by October 16, 1987.

*See Instructions on Reverse Side

NMOCC