

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>I-89-IND-58</b>	
2. NAME OF OPERATOR <b>Amoco Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>NAVAJO Tribe</b>	
3. ADDRESS OF OPERATOR <b>2325 E. 30th Farmington, NM 87401</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space on below for well location) <b>1505 1/2 16901 W</b>		8. FARM OR LEASE NAME <b>USG Section 18</b>	
14. FIELD NO.		9. WELL NO. <b>43</b>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.)		10. FIELD AND POOL, OR WILDCAT <b>Hogback <del>Barker</del> <sup>Dawn</sup> Creek / Luc</b>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		12. COUNTY OR PARISH <b>SAN JUAN</b>	
13. STATE <b>NM</b>		18. STATE <b>NM</b>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <b>Extension of Gas Venting</b>		(NOTE: Report results of multiple completion on 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.)*			

This will confirm verbal approval for extension  
of gas venting until 7/15/87 (John Keller to Buddy Shaw)

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

SIGNED

**B.D. Shaw**

TITLE

**Admin. Supervisor**

DATE

**7/6/87**

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**JUL 06 1987**  
**AREA MANAGER**

\*See Instructions on Reverse Side