

Form 100-3
December 1989

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-1135
Expires September 30 1990

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.
SF-078770
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Attn: John Hampton

3. Address and Telephone No.

P.O. Box 800, Denver, Colorado 80201

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

840' FSL x 860' FWL, Sec. 27-31N-5W

7. If Unit or C.A. Agreement Designation

Rosa Unit

8. Well Name and No.

112

9. API Well No.

30-039-23515

10. Field and Pool, or Exploratory Area

Basin Dakota/Undes

11. County or Parish, State

Gallup
Rio
Arriba, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

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.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Amoco Production Company requests 30 days to evaluate this well.

RECEIVED
OCT 4 1990
OIL CON. DIV.
DIST. 3

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

Signed

John Hampton

Title

Sr. Staff Admin. Supv.

Date

9/26/90

Approved by
Conditions of approval, if any:

Title

NMOCD

Date