

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.  
SF 078039

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation

8. Well Name and No.

Barnes LS 6A

9. API Well No.  
30 045 22396

10. Field and Pool, or Exploratory Area  
Blanco Pictured Cliffs

11. County or Parish, State  
San Juan, New Mexico

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)  
1720' FSL, 850' FEL Sec. 23, T32N R11W

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment

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

Repair Packer Leak

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

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.)

Amoco Production Company repaired the Packer Leak mandated by NMOCD.  
Per following procedures:

Amoco replaced the Packer with a Baker Model F 1, set at 3303.25'  
Tubing set @ 2 3/8" 4.7# J 55 set @ 5540'

2 3/8" 4.7# N 80 set @ 3271'

Amoco couldn't pressure test below and above the packer, due to open perms.  
A packer leakage test will be submitted at its normal interval.

Please contact Cindy Burton at (303) 830-5119 if you have any questions.

ACCEPTED FOR RECORD

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

Signed

*John Hampton*

Title

Sr. Staff Admin. Supv

JUL 17 1990

Date

6/26/90

(This space for Federal or State office use)

FARMINGTON RESOURCE AREA

Approved by

Conditions of approval, if any:

Title

BY

Date

NMOCD