Form 3160-5
(December 1989)

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

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.

SF-080917

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well

☐ OIL WELL   ☒ GAS WELL   ☐ OTHER

8. Well Name and No.

Atlantic B LS 25

2. Name of Operator

Amoco Production Company   Attn: Melissa Velasco-Price

9. API Well No.

30-045-24144

3. Address and Telephone No.

P.O. Box 3092   Houston, TX   77253   (281) 366-2548

10. Field and Pool, or Exploratory Area

Pictured Cliffs

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

1535' FNL & 1090' FEL   Sec 33   T31N   R10W   Unit H

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
☐ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
☐ Final Abandonment Notice	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other **BLM Letter 6-20-00**	

(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.)*

Amoco production Company requests permission to continue the shut in status of the subject well until potential well repair work has been fully evaluated to determine if the well can be return to production status in the current zone, a possible uphole completion or plugged and abandoned.

THIS APPROVAL EXPIRES FEB 0 1 2001

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

Signed _____   Title **Permitting Assistant** _____   Date ____**07/18/00**____

(This space for Federal or State office use)

Approved by _____   Title _____   Date ___8/ 7/00___

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions On Reverse Side