

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0115  
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

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. If Unit or CA Agreement Designation
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Well Name and No. Fields LS 7A
3. Address and Telephone No. P.O. BOX 800, DENVER, COLORADO 80201. ATTN: JOHN HAMPTON RM 1846	9. API Well No. 30 045 22464
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1620' FNL, 1100' FWL SEC. 34, T32N-R11W	10. Field and Pool, or Exploratory Area Blanco MV
	11. County or Parish, State San Juan, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompleuon	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Abandon cathodic protection well

(Note: Report results of multiple completion on Well Completion or Recompleuon 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.)

The cathodic protection well associated with the above well will be plugged and abandoned per the attached procedure.

RECEIVED  
SEP 24 1990  
CON. DIV.  
DIST. 3  
APPROVED  
SEP 18 1990  
AREA MANAGER

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

14. I hereby certify that the foregoing is true and correct		
Signed <u>J. Hampton</u>	Title <u>Sr. Staff Admin. Supr.</u>	Date <u>8/30/90</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		