

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

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-079691

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.  
Mudge LS #6A

2. Name of Operator  
Amoco Production Company Attn: Julie Acevedo

9. API Well No.  
30 045 22512

3. Address and Telephone No.  
P.O. Box 800, Denver, Colorado 80201

10. Field and Pool, or Exploratory Area  
Blanco Mesaverde

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
970' FNL, 1750' FWL, Sec. 11, T31N-R11W

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  
☐ Subsequent Report  
☐ Final Abandonment Notice

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other BradenHead Repair

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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FEB 16 1993  
OIL CON. DIV.  
DIST. 3

(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 intends to perform the attached workover procedure required to eliminate bradenhead pressure.

In addition, Amoco also requests approval to construct a temporary 15'X15'X5' blow pit for return fluids. This pit will be reclaimed if utilized, upon completion of this procedure.

Verbal approval received on 2/1/93 from Wayne Townsend (BLM) to proceed with attached procedures.

If you have any questions please call Julie Acevedo at 303-830-6003.

APPROVED

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

Signed Julie Acevedo

Title Sr. Staff Assistant

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title NMCCD

Date

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FEB 10 1993  
BLM  
AREA MANAGER