

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Amoco Production Co.	3. ADDRESS OF OPERATOR 501 Airport Drive, Farmington, N M 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FSL X 2475' FWL	14. PERMIT NO.	15. ELEVATIONS (Show well location, etc.) 5749' GR
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RECEIVED

MAY 31 1984

5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-5034	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Navajo Tribal U	9. WELL NO. 29	10. FIELD AND POOL, OR WILDCAT Locate Name Pennsylvania "D"	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SE/SW, Sec. 15, T26N, R18W	12. COUNTY OR PARISH San Juan	13. STATE NM
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

17. 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 approval to drill the subject well to a total depth of 6592' instead of 6480', as previously stated in our Application to Drill dated 2-15-84.

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JUN - 8 1984
OIL CONSERVATION DIVISION
SAND OIL

RECEIVED
JUN 04 1984
OIL CON. DIV.
DIST. 3

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

SIGNED **Original Signed By**
B. D. Shaw

TITLE Adm. Supervisor

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE 5-30-84
JUN 01 1984
<i>John Miller</i>
AREA MANAGER FARMINGTON RESOURCE AREA

NMOC

*See Instructions on Reverse Side