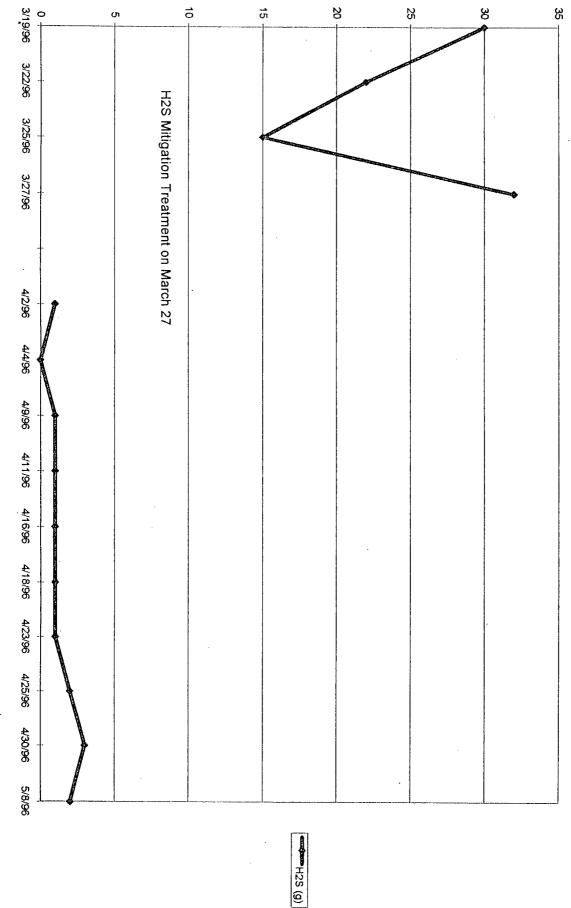
Conditions of approval, if any:	Company of the Compan	JUN 0 4 1996
(This space for Federal or State office use)  Approved by	Title	WULLILD FULL TEACHER
Signed tal dichuleta	Title Clerk COING DIN	POCOTED END DEPORT
14. I hereby certify that the foregoing is true and oprrect	OIL COM DU	
	ИМ JUN 1 3 1996	
•	DEVERN	:
Post treatment H2S leve 2p	$_{ m pm}$ through $5/1/96$ as indicated on char	t attached.
treatment monitoring 3/30/		•••
Maximum rate 6.4 pbm. Move Move in squab unit. Swabbe	off injection equipment. SI for 48hrs d for 12hrs. Well stated to flow. RD	· swab unit began H2S post
Fina	1 rate 5.3 bpm	
	1 pressure $646\%$ all rate $=5.0$ bpm	
from 4076' - 4764'. Init	al pressure 670#	· ·
Mixed 1700# of soduim nitr	ate with 300 bbls wtr. Injected chemic	al mixture through tubin
Move in set up equipment 3,	/27/96. Pre treatment H2S level at 3	Oppm.
	all pertinent details, and give pertinent dates, including estimated date of starting ical depths for all markers and zones pertinent to this work.)*	g any proposed work. If well is directionally drilled
D. Davids D		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
inai Abangonnen Ponce	Other Chemical Treatment	_ Dispose Water
Final Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
Subsequent Report	Plugging Back	Non-Routine Fracturing
Notice of Intent	Abandonment Recompletion	Change of Plans  New Construction
TYPE OF SUBMISSION	TYPE OF ACTION	
	(s) TO INDICATE NATURE OF NOTICE, REPOR	RI, OR OTHER DATA
OUTOW ADDRODUATE TOW	Sec. 10-T29N-R9W Unit 0	San Juan, New Mexico
890' FSL 1520' FEL		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Blanco Mesaverde II. County or Parish, State
P.O. Box 800 Denver, CO 80201 (303) 830-5217		10. Field and Pool, or Exploratory Area
3. Address and Telephone No.		9. API Well No. 3004522664
2. Name of Operator Amoco Production Company	Pat Archuleta, Room 1205C	A. L. Elliott B 2A
I. Type of Well Oil Sas Well Other		8. Well Name and No.
	T IN TRIPLICATE	
	PR PERMIT—" for such proposals AMNGTON, WIN	7. If Unit or CA, Agreement Designation
Do not use this form for proposals to a	rill or to deepen or reentry to a different reservoir,	
SUNDRY NOTICES	AND REPORTS ON WEELS M-4 AM 9: 47	/ SF- 078132 6. If Indian, Allottee or Tribe Name
BUREAU OF	LAND MANAGEMENT	Expires: March 31, 1993  5/Lease Designation and Serial No.
Form 3160-5 UNI	TED STATES NT OF THE INTERIOR RECEIVED	FORM APPROVED Budget Bureau No. 1004-0135
REC: ∀ED	ė	
OIL CONSERV! FON DIVISION	•	

## Effect of H2S Mitigation Treatment A L Elliott B 2A



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