

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract
3. ADDRESS OF OPERATOR 200 Amoco Court Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	8. FARM OR LEASE NAME Jicarilla Cont. 140
	9. WELL NO. 3
	10. FIELD AND POOL, OR WILDCAT Pictured Cliffs
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA NW/4 Sec 10 25N-5W
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, OR, etc.)
	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PLUG OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENTS* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Blow Pit Approval</u> ☒	

(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 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 for the blow pit listed below. This pit is necessary for day to day operations. Wells need to be blown to eliminate liquids from the flow stream. Accumulation of oil will be removed within 48 hrs.

Pit size: 100' X 100' X 4'

APPROVED
MAR 3 1998
J. S. Keller
AREA MANAGER

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

SIGNED B. S. Shaw TITLE Env. Coordinator DATE 2-28-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side