

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-01
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 ☐ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Amoco Production Company	3. FARM OR LEASE NAME Jicarilla Cont. 146
3. ADDRESS OF OPERATOR 200 Amoco Court Farmington, NM 87401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	5. UNIT AGREEMENT NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, GR, etc.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		7. WELL NO. 5
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)		8. FIELD AND POOL, OR WILDCAT Pictured Butte
18. I hereby certify that the foregoing is true and correct		9. SEC. T. R. M. OR BLK. AND SURVEY OR AREA SW NW Sec 3-25N-5W
19. SIGNED <u>ISA Shaw</u>		10. COUNTY OR PARISH Rio Arriba
20. TITLE <u>Env. Coordinator</u>		11. STATE NM
21. DATE <u>2-28-90</u>		

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. Accumulations of oil will be removed within 48 hrs.

Pit size: 15' X 15' X 4'

APPROVED

MAR 9 1990
J. S. Kella
AREA MANAGER

18. I hereby certify that the foregoing is true and correct	19. SIGNED <u>ISA Shaw</u>	20. TITLE <u>Env. Coordinator</u>	21. DATE <u>2-28-90</u>
(This space for Federal or State office use)			
APPROVED BY _____		TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		DATE _____	

*See Instructions on Reverse Side