Form C160-5 (November 1983) (Form

18.

NITED STATES SUBMIT IN TRIPLICATE® (Other instructions on reverse ald*)

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

5. LEASE DESIGNATION AND SERIAL NO.

ME OF OPERATOR	Tinarilla Contra
CLL GAS X OTHER	8. FARM OR LEASE NAME
	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservois use "APPLICATION FOR PERMIT—" for such proposals.)	Jicarilla Apache
BUREAU OF LAND MANAGEMENT	Jicarilla Contra
nedariment of the intention was not	

N. Jicarilla Contract 148 Amoco Production Company 9. WELL NO. 3. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 30 10. FIELD AND POOL, OR WILDCAT South Blanco Pictured Cliffs 11. SEC., T., B., M., OR BLK. AND SURVEY OR ARMA 1760' FSL X 1120' FWL NW/SW Sec. 14, T25N, R5W

12. COUNTY OR PARISH | 13. STATE . 15. ELEVATIONS (Show whether Dr. RT. GR. etc.) 14. PERMIT NO. NM 7010' GR Rio Arriba

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*	X	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of mu Completion or Recompletion E	REPAIRING WELL ALTERING CASING ABANDONMENT® Itiple completion on Well Report and Log form.)	-		
(Other)			the state of the s		n o		

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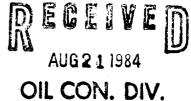
17. Describe proposed or recompletion deport and Log form.)

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18. Describe proposed or recompletion deport and Log form.)

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Amoco Production Company requests approval to cancel the approved application to drill dated 2-1-83 for the subject well.



DIST. 3 ADARIDORIED

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18. I hereby certify Original Signess and correct B. D. Shaw		Administr	ative	Supervisor ACCEPTED	DATE FOR	August RECORD	10,	1984
(This space for Federal or State office use)				- HOULI IES				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE			—————AUG	PAPE	984		
	130	9000	C. I	FARIMING. S		UNUE AREA		

*See Instructions on Reverse Side