

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

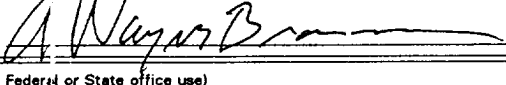
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. JICARILLA CONT 155 TR 252
2. Name of Operator AMOCO PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
Attention: WAYNE BRANAM		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 (303) 830-4912		8. Well Name and No. JICARILLA CONT 155 #4
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990'fsl 1550'fel Sec. 32 T 26n R 5w		9. API Well No. 3003906219
		10. Field and Pool, or Exploratory Area BLANCO PC SOUTH
		11. County or Parish, State RIO ARRIBA NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input checked="" type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

13. 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.)*
VERBAL APPROVAL WAS RECEIVED FOR THIS CASING REPAIR. 062193 DUG OUT SURF CSG LEAK ABOUT 4' BELOW THE WELLHEAD FLANGE, CLEANED UP LEAK AREA AND INSTALLED A PIPE REPAIR CLAMP TO PATCH THE LEAK. PRESS TEST TO 500#, HELD FOR 5 MIN, BLEED OFF PRESS AND BACKFILEDED.

RECEIVED
NOV 5 1993
OIL & GAS DIV

14. I hereby certify that the foregoing is true and correct			
Signed		Title	BUSINESS ANALYST
(This space for Federal or State office use)		Date	09-23-1993
Approved by	SHIRLEY MONDY	Title	Acting AREA MANAGER
Conditions of approval, if any:		Date	NOV 4 1993