

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

-SUBMIT IN TRIPLICATE-
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM69072
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1670 BROADWAY P.O. BOX 800 DENVER, COLORADO 80201		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 530' FWL X 2310' FNL SWNW		8. FARM OR LEASE NAME Robert English
14. PERMIT NO. API 3003924197		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7355' GR		10. FIELD AND POOL, OR WILDCAT Gavilan Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1 T26N R2W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 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.)*

Date of work 3/21/89
Re-Perforate (Gallup AB Zone) 7168'-7270' w/2 JSPF, .50IN diam,
204 shots, open.
Frac- W/93954 gal of 30# GEL, 94320# 20/40 Ottawa mesh sn,
flush well to 6804'. ATP 1800, AIR 67 BPM.
Land 2 7/8" tubing @ 7268', return to production.

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

SIGNED

JL Hampton/CUB

TITLE

Staff Admin. Supv.

DATE

7/28/89.

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 28 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NMOCD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.