(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse 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 [ ] GAS WELL [X] OTHER

5. LEASE DESIGNATION AND SERIAL NO.: SF-078840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME: San Juan Unit 28-7

2. NAME OF OPERATOR: Amoco Production Company

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P.O. Box 800 Denver, CO 80202

9. WELL NO.: 113

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 890' FNL, 800' FEL

10. FIELD AND POOL, OR WILDCAT: Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 18, T27N, R7W

14. PERMIT NO.: 30-039-21662

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6606' GL

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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[X]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[X]	CHANGE PLANS	[ ]				
(Other)				(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.)*

Amoco Production Company requests your approval to repair a casing leak in this well in order to return this well to production. Please see the attached repair procedure

RECEIVED
BLM MAIL ROOM
89 MAR -9 AM 10:49
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
MAR 13 1989
OIL CON. DIV.
DIST.

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

SIGNED J. L. Hampton TITLE Adm. Supervisor DATE 3/6/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAR 13 1989
for AREA MANAGER

NMOCC

*See Instructions on Reverse Side

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.