

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

ATTN: J.L. Hampton

3. Address and Telephone No.

P. O. Box 800 Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1240' FSL, 1700' FWL, SE/SW, Sec. 11, T28N-R7W

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

SF-079289A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

San Juan 28-7 Unit

9. API Well No.

#416

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

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

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Extension of APD

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

Amoco requests an extension on the subject wells approved APD due to expire 11/30/91.

RECEIVED

NOV 27 1991

OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES MAY 30 1992

Please if you have any questions contact Cindy Burton (303)830-5119.

APPROVED

NOV 25 1991

AREA MANAGER

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

Signed

J. L. Hampton/CB

Title Sr. Staff Admin. Supr.

Date

11/18/91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date