

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No.  SF-079289
2. Name of Operator AMOCO PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 (303) 830-4542		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 790' FNL 920' FEL Sec. 15 T 28N R 7 W		8. Well Name and No. SAN JUAN 28-7 UNIT #404
		9. API Well No. 3003925113
		10. Field and Pool, or Exploratory Area Basin Fruitland Coal
		11. County or Parish, State RIO ARRIBA NEW MEXICO

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 type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Pressure transient test
	<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.)\*

9-17-93 Well shut-in to stabilize pressure  
10-7-93 Initiate injection of 800 mcf/d (air) at 800 to 1000 psi  
10-12-93 Initiate injection of 1600 mcf/d (air) at 1230 to 1450 psi  
10-28-93 Injection ceased. Pressure gauges dropped into well. Well shut-in.

Well is scheduled to be RTP'd on 11-11-93

NOV 22 1993  
OIL CON. DIV  
DIS. 3

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

Signed [Signature] Title Business Analyst Date 11-03-1993  
(This space for Federal or State office use)

ACCEPTED FOR RECORD

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date NOV 12 1993  
Conditions of approval, if any:

Title 18 U.S.C. Sect on 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false statement or representation as to any matter within its jurisdiction.