

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-079232
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
Attention: Pat Archuleta, Room 1205C		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 (303) 830-5217		8. Well Name and No. Bolack C LS 15
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1800'FSL 1180FWL Sec. 33 T 27N R 8W Unit L		9. API Well No. 3004506127
		10. Field and Pool, or Exploratory Area Blanco Mesaverde
		11. County or Parish, State San Juan New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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
	<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.)*

Amoco Production Company requests permission to repair this well per the attached procedures.

If you have any technical questions please contact Mark Rothenberg at (303) 830-5612.

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

Signed <i>Pat Archuleta</i>	Title	Clerk	Date 09-24-1996
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(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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.

* See Instructions on Reverse Side

APPROVED

OCT 02 1996

Chip Hamaker

Wellname: Bolack C LS 15

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Suggested Procedures:

1. Contact Federal or State agency prior to starting repair work.
2. Install and/or test anchors on location.
3. MIRUSU. Check and record tubing, casing and bradenhead pressures. Blow down well and kill well, if necessary, with 2% KCL water. ND wellhead. NU and pressure test BOP's.
4. Trip and tally out of hole with tubing. Check condition of tubing and replace perforated and bad joints as needed. (REPLACE ALL PERFORATED JOINTS)
5. Correlate to Schlumberger Electric log dated 5/24/58 and RIH with perforating gun and perforate the following intervals with 2 JSPF:

5050'-5063'

5070'-5096'
6. RIH with 2 3/8" tubing and clean out to PBTD of 5196. Land tubing at depth of 5088', 1/2 mule shoe on bottom and SN 1 jt off bottom.
7. Rig down and move off service unit.

If problems are encountered, please contact:

MARK ROTHENBERG

(W) (303) 830-5612

(H) (303) 841-8503

(P) (303) 553-6448

