

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

5. Lease Designation and Serial No.  
NM-03380

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator Attention  
Amoco Production Company E. R. Nicholson

3. Address and Telephone No.  
P.O. Box 800, Denver, CO 80201 (303) 830-5014

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec. 20, T27N, R8W  
990' FNL, 1800' FWL

8. Well Name and No.  
Florance D LS #8

9. API Well No.  
30-045-06398

10. Field and Pool, or Exploratory Area  
South Blanco PC

11. County or Parish, State  
San Juan, NM

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 type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Change of Plane
	<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 has reran the bradenhead test and found that the well does not have bradenhead pressure. Therefore, no remedial work will be performed at this time and this Notice of Intent should be cancelled. A copy of the bradenhead test report is attached.

If you have any questions please call E. R. Nicholson at 303-830-5014

RECEIVED  
MAR 7 1993  
OIL CON. DIV.  
DIST. 9

070  
53 MAR -5 2:11:15  
MAR 18 1993

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

Signed

*E.R. Nicholson*

Title

*Asst. Adm. Asst.*

Date

3-5-93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

FARMINGTON DISTRICT OFFICE

BY

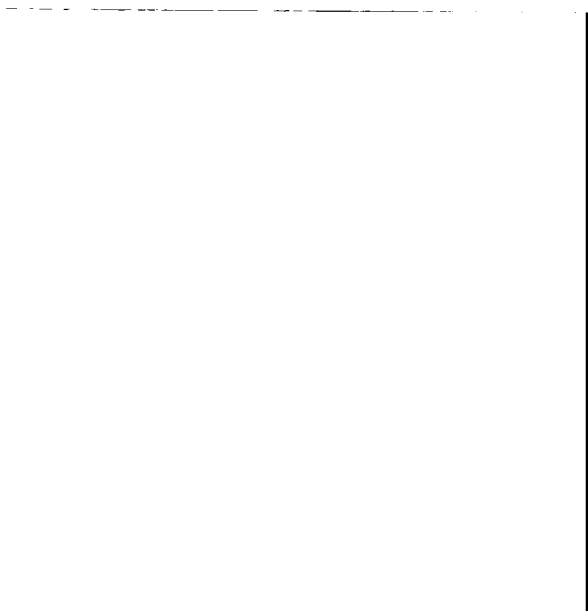
*[Signature]*

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.

10/11/2018

10/11/2018

10/11/2018





STATE OF NEW MEXICO  
 ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT  
 OIL CONSERVATION DIVISION  
 AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD  
 AZTEC, NEW MEXICO 87410  
 (505) 334-6178

71559

**BRADENHEAD TEST REPORT**  
 (Submit 2 copies to above address)

Date of Test 02-11-92 Operator Amoco Production, 200 Amoco Court, Farmington, NM  
 Lease Name Florence DLS Well No. 8 Location: Unit C Section 20 Township 27N Range 08W  
 Pressure (Shut-in or Flowing) Tubing 238 Intermediate NO Casing 83 Bradenhead 0

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

TIME	PRESSURES:		BRADENHEAD FLOWED	INTERMEDIATE FLOWED
	INTERMEDIATE	CASING		
5 min.			Steady Flow	
10 min.			Surges	
15 min.			Down to Nothing	
20 min.			Nothing <input checked="" type="checkbox"/>	
25 min.			Gas	
30 min.			Gas & Water	
			Water	

If Bradenhead flowed water, check description below:

CLEAR \_\_\_\_\_ FRESH \_\_\_\_\_ SALTY \_\_\_\_\_ SULFUR \_\_\_\_\_ BLACK \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By A Scott Smith Witness \_\_\_\_\_