

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-01.
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 ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Co.	8. FARM OR LEASE NAME Hodewick
3. ADDRESS OF OPERATOR 200 Amoco Court Farmington, NM 87401	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990/S 990/E SE/SE Section 18-27N-9W	10. FIELD AND POOL, OR WILDCAT Fruitland Coal (PC)
14. PERMIT NO.	11. SEC. T. R. M. OR E.L. AND SURVEY OR AREA SE/SE 18-27N-9W
15. ELEVATIONS (Show whether SF, RT, OR, etc.)	12. COUNTY OR PARISH 13. STATE SAN JUAN NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☒ Test Recompletion	(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 approval to flow test the subject Fruitland Coal Recompletion for 10-14 days to determine commercial quantities of gas.

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

SIGNED BS Shaw TITLE Enviro. Coordinator DATE 3-30-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: AMCO

*See Instructions on Reverse Side