

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

SUBMIT IN TRIPLICATE

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. NM-04202
2. Name of Operator Amoco Production Company Attn: John Hampton	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 800 Denver, Colorado 80201	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1800' FSL and 870' FEL Sec 9, T28N, R9W	8. Well Name and No. Johnston LS 2
	9. API Well No. 30-045-07586
	10. Field and Pool, or Exploratory Area Aztec, PC
	11. County or Parish, State San Juan, New Mexico

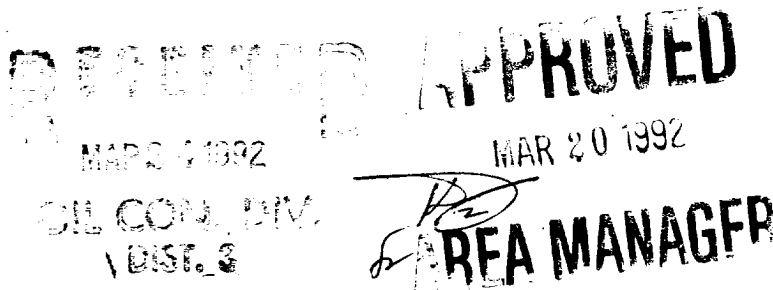
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Check casing integrity	<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.)*

Please see attachment for procedures.



If you have any questions please contact Ed Hadlock @ (303) 830-4982.

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

Signed J. L. Hampton / Web Title Sr. Staff Admin. Supv. Date 3-16-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

**Johnston LS 02
Aztec Pictured Cliffs
9I-28N-09W**

FORMATION EVALUATION PROCEDURE

1. Check location for anchors. Install if necessary. Test anchors.
2. MIRUSU. Blow well down. Kill, if necessary, w/ 2% KCL water. NDWH. NUBOP.
3. TIH and tag for fill. STROH w/ 2" tbg. Visually inspect and replace bad joints. TIH w/ 5-1/2" bit and scraper to PBTD. (5-1/2" csg drift I.D. is 4.825") POOH. Clean out fill, use bailer if necessary. POOH.
4. TIH w/ 5-1/2" BP and pkr. Set BP @ 2450'. Pull one stand, set pkr. PT BP to 1000#. Load backside and PT csg to 1000#. In event of leak(s), isolate and establish rate and pressure while monitoring bradenhead pressure. Notify engineer. Else, release pkr and retrieve BP. POOH. Land 2" tbg @ 2596'.
5. NDBOP. NUWH. RDMOSU. Swab well in. Notifv engineer of gas/water flowrates and pressures.

**REPORT PROBLEMS TO TY SMITH
WORK: (303) 830-5164**
