

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
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Amoco Production Company

Attention:
Gail M. Jefferson, Rm 1295C

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201 (303) 830-6157

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
800FNL 1840FNL Sec. 22 T 28N R 8W Unit B

5. Lease Designation and Serial No.
SF-078499

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Tapp LS #8

9. API Well No.
3004520920

10. Field and Pool, or Exploratory Area
Pictured Cliffs

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 BLM Demand Letter	<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 be advised Amoco will put this well back on production once EPNG compression is turned on.

RECEIVED
JUL 20 1995

OIL CON. DIV.
DIST. 3

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

THIS APPROVAL EXPIRES JAN 01 1996

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

Signed Gail M. Jefferson Title Sr. Admin. Staff Asst. Date 07-06-1995

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED

JUL 17 1995

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
NMOCD

Gail M. Jefferson
for DISTRICT MANAGER