

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		6. Lessee Designation and Serial No. SF-078499
2. Name of Operator Amoco Production Company		7. If Unit or CA, Agreement Designation
Attention: Patty Haefele		8. Well Name and No. Tapp LS #8
3. Address and Telephone No. P.O. Box 800, Denver, CO 80201 (303) 830-4988		9. API Well No. 3004520920
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 800' FNL 1840' FEL Sec. 22 T 28N R 8W Unit C		10. Field and Pool, or Exploratory Area So. Blanco LePictured 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 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 Letter dated 2/8/96
	<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 compressor tested this well and returned to production on 2/7/96. Amoco will also set up a casing integrity test as soon as possible.

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

Signed	<u>Patty Haefele</u>	Title	<u>Staff Assistant</u>	Date	<u>03-05-1996</u>
--------	----------------------	-------	------------------------	------	-------------------

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

ACCEPTED FOR RECORD

F A 1996

NMOC

FARMINGTON DISTRICT OFFICE

* See Instructions on Reverse Side