

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 12950

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)

1625' FSL 990' FWL

Sec. 24 T 28N R 8W Unit L

5. Lease Designation and Serial No.

NMNM -013860A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Russell LS #10

9. API Well No.

3004521266

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

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other BLM Demand Letter  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)

In response to your letter dated December 6, 1995, please be advised Amoco Production Company still intends to plug and abandon the above referenced well and anticipate this work will be completed by December 31, 1996.

If you have any questions please contact Gail M. Jefferson.

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

Signed

*Gail M. Jefferson*

Title

Sr. Admin. Staff Asst.

Date 1/25/96

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED

JAN 31 1996

DISTRICT MANAGER

NMOC