

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

5. Lease Designation and Serial No.

NM-04202

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

JOHNSTON A 1E

9. API Well No.

300452498100

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan New Mexico

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Amoco Production Company

Attention:
Gail M. Jefferson

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)

1750 FNL 1000 FEL Sec. 17 T 28N R 9 W Unit H

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 checked="" 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 Well Repair
	<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 requested permission to repair the above referenced well and was given a verbal approval for same by Wayne Townsend of the Bureau of Land Management.

Attached please find the procedures for the actual well repair.

If you have any technical questions please contact Mike Kutas at (303) 830-5159 or myself for any administrative questions.

RECEIVED
MAR 27 1995
OFF. COMM. BUREAU
DIST. 2

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

Signed Gail M. Jefferson

Title Business Assistant Date 03-20-1995

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any: _____

ACCEPTED FOR RECORD

Date
MAR 23 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.

FARMINGTON DISTRICT OFFICE
BY [Signature]

* See Instructions on Reverse Side