

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	2. Name of Operator Amoco Production Company Attn: John Hampton	3. Address and Telephone No P.O. Box 800, Denver, Colorado 80201	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 800' FNL x 1530' FWL, Sec. 36-28N-8W	5. Lease Designation and Serial No NM-012201	6. If Indian, Allottee or Tribe Name	7. If LUT or C.A. Agreement Designation	8. Well Name and No. Blanco A #1E	9. API Well No. 30-045-2529600	10. Field and Pool, or Exploratory Area Basin Dakota	11. County or Parish, State San Juan, New Mexico
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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"/> Recompleuon	<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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

Acidizing

(Note: Report results of multiple completion on Well Completion or Recompleuon 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 acidized the subject well with 1000 gal 15% HCL from 6891' to 7111'. The well was returned to production 6/1/90.

SEP 1 1990
OIL CON. DIV./
DST. 3

Please call Cindy Burton at 303-830-5119 if you have any questions.

ACCEPTED FOR RECORD

SEP 27 1990

14. I hereby certify that the foregoing is true and correct.	
Signed <u>John Hampton/UB</u>	Title <u>Sr. Staff Admin. Sup</u>
(This space for Federal or State office use)	BY <u>[Signature]</u> Date <u>9/14/90</u>
Approved by _____	Title _____
Conditions of approval, if any: _____	Date _____

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 a false statement.