

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

RECEIVED
MAIL ROOM
05 SEP -5 PM 2:35
070 FARMINGTON, NM

| | |
|---|---|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM 035634 |
| 2. Name of Operator Amoco Production Company | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1000 FNL 1000 FNL Sec. 14 T 27N R 12W | 8. Well Name and No. H. B. McGrady A 1 E |
| | 9. API Well No. 3004526095 |
| | 10. Field and Pool, or Exploratory Area Basin Dakota |
| | 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

- | | |
|---|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input checked="" 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 type="checkbox"/> Other | <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 request permission to plugback the Dakota Formation.

See Attached Procedures

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

Signed

Lois Raeburn

Title

Staff Assistant

Date

08-31-1995

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

SEP 07 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.

DISTRICT MANAGER

* See Instructions on Reverse

NMCCD

HB MacGrady #A1E

TD = 6425', PBTD = 6314'

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1. Set CIBP between 6020-6070.
2. Spot 100' plug above CIBP (Approx 7.6 SX)
3. Pressure Test Casing to 500 psi
4. Temp. Abandon Well.