Form 34 co- 5 (November 1983) (Formerly 9-331)

UNITED STATES BUBMIT IN TRIPLICATION Other Instructions on rerepresented to the property of the property o

| Budget Expires | Bureau August | No. 31, | 1004 1985 | O1 | 1 |
|-------------------|------------------|------------|--------------|----|---|
| LEASE DES | IC VATION | | | 1. | |

| *************************************** | U OF LAND MANAGEMEN | | SF-077941-A | |
|---|--|--|--|--|
| | CES AND REPORTS (| | IF INDIAN, ALLOTTER OR TRIBE NAME | |
| Use "APPLICA | als to drill or to deepen or plug t | proposals.) | İ | |
| OFL THE GAM | | | T. UNIT AGREE MENT NAME | |
| WELL WELL X OTHER | | | | |
| Amoco Production (| Co. BUREAU | OF LAND MANAGEMENT | A. PARM OR LEAGE NAME | |
| 3. ADDREH OF OPERATOR | TARMIT | GTON RESOURGE AREA | C. A. McAdams B | |
| 501 Airport Drive, Farmington, N M 87401 | | | 2 E | |
| 4. LOCATES OF WELL (Report location cle See also space 17 below.) | 10. PIELD AND POOL, OR WILDCAT | | | |
| At surface | Basin DK/Angel Peaks G | | | |
| /93 | FNL x 1795' FEL | | 11. SHC., T., R., M., OR BLK. AND BURYET OR ARMA | |
| | | | NW/NE Sec28,T27N,R10W | |
| 14. PERMIT NO. | 14. PERMIN NO. 15 ELEVATIONS (Show whether Dr. HT, GR. etc.) | | | |
| | 6305' GR | | 12. COUNTY OF PARISH 13. STATE San Juan NM | |
| 16. Check App | propriate Box To Indicate N | ature of Notice, Report, or | Other Date | |
| NOTICE OF INTENTE | | • | QUENT REPORT OF: | |
| TEST WATER SHUT-OFF | LL OR ALTER CASING | <u></u> | force resour of: | |
| \ | CLTIPLE COMPLETE | WATER SHUT-OFF FRACTURE TREATMENT | REPAIRING WELL | |
| SHOOT :R ACIDIZE AB. | ANGOS* | SHOOTING OR ACIDIZING | ALTERING CASING ABANGONMENT® | |
| REPAIR WELL CH | ANGE PLANS | (Other) Spud an | d Set Casing x | |
| CM here | | | s of multiple completion on Well sletton Report and Log form.) Lincluding estimated date of starting any | |
| 354 cu. ft. Class | ,23#,J55 casing B Portland and t cemented with after both stage | at 6872'. Stage ailed in with 44 826 cu.ft. Class s. | l: cemented with 8 cu. ft. Class B B Portland. Circulated | |
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| I hereby certies that the forgoing is tru | e and correct | The second secon | | |
| signed 15D Sha | W TITLE; A | dm. Supervisor | DATE 7-26-85 | |
| (This space for Federal or State office us | e) | - | ACOZITIO FOR RESIDE | |
| APPROVED BY | TITLE | | DATE | |
| | | | 985 | |
| | •C | 0 0.1 | FAF | |
| | *See Instructions or | 1 Kevene Side | FARMING DIV NEGOVI DE I NEA | |

Fitle 18 U.S.C. Section 1001, makes it a crime for any person knowledge willfully to make to any department or agency of the nited States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.