Form 3160-5
(June 1990)

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

5. Lease Designation and Serial No.

NMSF - 078807A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other

2. Name of Operator
AMOCO PRODUCTION COMPANY

Attention: Nancy I. Whitaker

3. Address and Telephone No.
P.O. BOX 800 DENVER, COLORADO 80201   303-830-5039

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

790 FNL   790 FEL   Sec. 14 T 28N R 13W   UNIT A

8. Well Name and No.

GALLEGOS CANYON UNIT   234

9. API Well No.

3004511714

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	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other DMD LTR DTD 3/24/97	☐ 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 REQUESTS PERMISSION TO LEAVE THE ABOVE WELL IN SHUT-IN STATUS FOR A ONE YEAR PERIOD.

PLANS WILL BE SUBMITTED TO RECOMPLETE THIS WELL TO THE PICTURE CLIFFS WITHIN 30 DAYS AS WELL AS AMENDING THE 1997 POD.

97 APR 16 PM 2:07
OIL & GAS DIVISION, NM
RECEIVED

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

Signed _Nancy Whitaker_   Title   Staff Assistant   Date   04-14-1997

This space for Federal or State office use)

/S/ Deane W. Spencer

Approved by _____   Title _____   Date   APR 17 1997

Conditions of approval, if any:

* See Instructions on Reverse Side

NIMOCO