Form 3160-5 (June 1990)

representations as to any matter within its jurisdiction.

## **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.     SF-078109      6. If Indian, Allottee or Tribe Name                                                                                 |                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--|
|                                                                                                                                                                                        |                                                                                                                     | 7. If Unit or CA, Agreement I                                                                                                                                               | Designation                                         |  |
| 1. Type of Well Oil Gas Well Well Other                                                                                                                                                |                                                                                                                     | B. Well Name and No.                                                                                                                                                        |                                                     |  |
| 2. Name of Operator  Amoco Production Company                                                                                                                                          | Attention:                                                                                                          | Gallegos Canyon Unit 213E                                                                                                                                                   |                                                     |  |
| 3. Address and Telephone No.                                                                                                                                                           | Patty Haefele                                                                                                       |                                                                                                                                                                             | 00000                                               |  |
| P.O. Box 800, Denver, CO 80201 (303) 830-4988                                                                                                                                          |                                                                                                                     |                                                                                                                                                                             | 3004526326  10. Field and Pool, or Exploratory Area |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                 |                                                                                                                     | _ `.                                                                                                                                                                        | Basin Dakota                                        |  |
|                                                                                                                                                                                        |                                                                                                                     | 11. County or Parish, State                                                                                                                                                 |                                                     |  |
| 930' FSL 480' FWL                                                                                                                                                                      | Sec. 8 T 28N R 12W Unit M                                                                                           | San Juan                                                                                                                                                                    | New Mexico                                          |  |
| 12. CHECK APPROPRIATE BO                                                                                                                                                               | IX(s) TO INDICATE NATURE OF NOTICE                                                                                  | REPORT OR OTHER                                                                                                                                                             | ΠΑΤΑ                                                |  |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION                                                                   |                                                                                                                     |                                                                                                                                                                             |                                                     |  |
| Notice of Intent  Subsequent Report  Final Abandonment Notice                                                                                                                          | Abandonment Recompletion Plugging Back Cesing Repair Altering Cesing Other Letter dated 2/28/96  (Note: Re Recomple | Change of Plans  New Construction  Non-Routine Fracturing  Water Shut-Off  Conversion to Injection  Dispose Water  port results of multiple completion Report and Log form. |                                                     |  |
| Amoco Production Company request and abandonment notice approved 2, Reference: NMSF-078578 et al. (WC                                                                                  |                                                                                                                     | well to July 1, 1996. (                                                                                                                                                     | Original plug                                       |  |
|                                                                                                                                                                                        |                                                                                                                     |                                                                                                                                                                             |                                                     |  |
|                                                                                                                                                                                        |                                                                                                                     |                                                                                                                                                                             |                                                     |  |
| 14. I hereby certify that the foregoing is true and correct Signed Patty Hallel                                                                                                        | Q Title Staff Assi                                                                                                  | stant Date                                                                                                                                                                  | 03-05-1996                                          |  |
| (This space for Federal or State-office use)                                                                                                                                           | Title                                                                                                               |                                                                                                                                                                             | vcs                                                 |  |
| Conditions of approval, if any:                                                                                                                                                        | nowingly and willfully to make to any department or agency of the United St                                         | APPP(9)                                                                                                                                                                     | 96                                                  |  |

MARCO