

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

|                                                                                                                                  |                            |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |                            |
| 2. Name of Operator<br>Amoco Production Company                                                                                  | Attention:<br>Lois Raebrun |
| 3. Address and Telephone No.<br>P.O. Box 800, Denver, Colorado 80201 (303) 860-5294                                              |                            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>990 FSL 990 FEL Sec. 18 T 29N R 8W Unit P              |                            |

|                                                         |
|---------------------------------------------------------|
| 5. Lease Designation and Serial No.<br>SF-078414        |
| 6. If Indian, Allottee or Tribe Name                    |
| 7. If Unit or CA, Agreement Designation                 |
| 8. Well Name and No.<br>Day 5                           |
| 9. API Well No.<br>3004523975                           |
| 10. Field and Pool, or Exploratory Area<br>Basin Dakota |
| 11. County or Parish, State<br>San Juan 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<br><input checked="" type="checkbox"/> Subsequent Report<br><input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Abandonment<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Plugging Back<br><input type="checkbox"/> Casing Repair<br><input type="checkbox"/> Altering Casing<br><input checked="" type="checkbox"/> Other Workover<br><input type="checkbox"/> Change of Plans<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Non-Routine Fracturing<br><input type="checkbox"/> Water Shut-Off<br><input type="checkbox"/> Conversion to Injection<br><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.)\*

On 4/22/94, MIRUSU, Blow tank, tbg press - 250#, csg press - 320#, NDWH & NUBOP. tag btm @ 7628'. SDFN.  
On 4/23/94 RU western N2 & C/O well to pbtd @ 7645', Clean & TOH. TIH w/4.5" pkr & tbg & set pkr @ 6991'. RU western N2 & HES, pmp 500 gal methol & dspl methol w/ 50,000 SCF N2 @ Max press of 250# RD. SDFN. ON 4/24/94 st flow to tst tank f/5hrs, Rec 17 BBLS flu SDFWKD. ON 4/26/94 tbg press - 320# chng out vlv. TIH w/ mule, SN & 244 jts tbg @ 7622', SN @ 7590' w/KB, NDBOP & NDBOP, RU & swab, tag fld @ 7200'. flowing csg press 230#. prep to RD, To windy, SDFN. On 4/28/94 csg press - 500#, tbg press - 350#, opn well to tank & flow. RDMOSU.

RECEIVED  
MAY 23 1994  
OIL CON. DIV.  
DIST. 3

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------|
| 14. I hereby certify that the foregoing is true and correct                                                                                                                                                        |       |                |                 |
| Signed <i>Lois Raebrun</i>                                                                                                                                                                                         | Title | Business Asst. | Date 05-06-1994 |
| (This space for Federal or State office use)                                                                                                                                                                       |       |                |                 |
| Approved by                                                                                                                                                                                                        |       | Title          | Date            |
| Conditions of approval, if any:                                                                                                                                                                                    |       |                | MAY 13 1994     |
| 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 representations as to any matter within its jurisdiction. |       |                |                 |

ACCEPTED FOR RECORD

\* See Instructions on Reverse Side