

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-1135
Expires September 30, 1990

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

3. Lease Designation and Serial No.

SF-078414

4. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Coal seam

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address and Telephone No.

P.O. BOX 800, DENVER, COLORADO 80201, ATTN: JOHN HAMPTON RM 1846

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

2110' FSL, 930' FWL, NW/SW, Sec. 8, T29N R8W

8. Well Name and No.

Day "B" #13

9. API Well No.

30-045-27454

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

11. County or Parish, State

San Juan, NM

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

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

Extend APD

(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 request to extend the APD on the subject well. The current APD expires on 8/16/90.

RECEIVED

AUG 28 1990

OIL CON. DIV.
DIST. 3

THIS

RECEIVED
OIL CON. DIV.
AUG 23 11:16
DIST. 3

Please contact Cindy Burton 303-830-5119 if you have any questions.

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

Signed

John Hampton / JHB

Title

Sr. Staff Admin. Supr.

Date

8/23/90

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

Date

John Hampton