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December Invv,

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

91 JUL -8 PM

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-0785964A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or C.A. Agreement Designation

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

8. Well Name and No.
Florance "AB", #4

2. Name of Operator
Amoco Production Company   Attn: John Hampton

9. API Well No.
30-045-28079

3. Address and Telephone No
P.O. Box 800, Denver, Colorado 80201

10 Field and Pool, or Exploration Area
Basin Fruitland Coal Ga

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

2120' FNL, 1300' FEL, SW/NE, Sec 12, T29N R8W

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	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
	☐ Recompletion	☐ New Construction
☐ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☒ Other APD Extension	

(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.)*
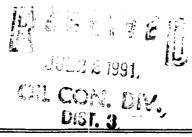
Amoco requests an extension on the subject wells APD due to expire July 30, 1991.

THIS APPROVAL EXPIRES JAN 3 0 1992

Please contact Joe Mazotti (303) 830-5406 if you have any questions.

APPROVED
JUL 1 9 1991
AREA MANAGER

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

Signed _____   Title Sr. Staff Admin. Supv.   Date 7-5-91

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____
Conditions of approval, if any:

NMOCD