

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. SF-080245B
2. NAME OF OPERATOR Amoco Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E. 30th, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 965' FNL x 1795' FWL		8. FARM OR LEASE NAME L. V. Hamner C
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether 15.1 or 15.2) 5672' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE/NW Sec 21, T29N, R9W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

RECEIVED

JUL 22 1986

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

Extension of APD

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. DESCRIBE PROMISED 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 approval to extend the Application for Permit to Drill for the subject well.

I hereby certify that the foregoing is true and correct

SIGNED

B. S. Shaw

TITLE Adm. Supervisor

DATE 7-17-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

JUL 22 1986

CONDITIONS OF APPROVAL, IF ANY:

L. W. Wilson
for LAND MANAGER

*See Instructions on Reverse Side

NMOCC