

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPPLICATE
(Print Instructions on Reverse Side)

Booster No. 1004-0135

Expires: August 31, 1987

2. LEASE DESIGNATION: TOP AND SERIAL NO.

SF-0771

3. IF INDIAN, NAME OF TRIBE NAME

7. UNIT AGENCY NAME

8. FARM OR LEASE NAME

Trigg Federal Gas Com B

9. WELL NO.

10. FIELD AND NAME OF WILDCAT

Basin Dakota

11. SEC. T. R. AND SURVEY AREA

NE/SW Sec 15, T29N, R9W

12. COUNTY AND PARISH 13. STATE

San Juan NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to another permit. Use "APPLICATION FOR PERMIT" for such proposals.)

APR 20 1987

OIL WELL ☐ GAS WELL ☒ OTHER

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

2325 E. 30 St., Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

1580' FSL x 1690' FWL

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

MAR 30 1987

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, ST, OR, ETC.)

5925' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Extend APD

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

X

SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(Note: Report results of multiple completion or recompletion report at completion of work.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details and give pertinent dates including estimated date of starting and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and other pertinent to this work.)

Amoco Production Company requests approval to extend the Application for Permit to Drill for the subject well.

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

SIGNED

B. S. Shaw

TITLE Adm. Supervisor

DATE 3-25-87

(This space for Federal or State office use)

APPROVED BY (Orig. Signed) - GARY A. STEPHENS

ASSISTANT DISTRICT MANAGER,
MINERALS

DATE PR 15 1987

CONDITIONS OF APPROVAL, IF ANY:

Drilling operations must be commenced by October 8, 1987.

*See Instructions on Reverse Side

NMOCC

RECEIVED

PR 21 1987

OK CON. DIV

