

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. SF-080099 677184 | |
| 2. NAME OF OPERATOR Amoco Production Co. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 2325 E. 30 St., 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 935' FSL x 1950' FWL | | 8. FARM OR LEASE NAME A.L. Elliott Gas Com F | |
| 14. PERMIT NO. | | 9. WELL NO. 1E | |
| 15. ELEVATIONS (Show whether GR or FW) 5915' 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 ARRA SE/SW Sec 14, T29N, R9W | |
| 12. COUNTY OR PARISH San Juan | | 13. STATE NM | |

RECEIVED

SEP 25 1986

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |
| (Other) Extend APD <input checked="" type="checkbox"/> | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

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

SEP 25 1986
OIL
BIS: 8-14
This Approval is Temporary
Expiry Date: APR 10 1987

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

| | | |
|--|------------------------------|---------------------|
| SIGNED <u>B. Shaw</u> | TITLE <u>Adm. Supervisor</u> | DATE <u>9-23-86</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>John F. Kelly</u> | TITLE <u>Adm. Supervisor</u> | DATE <u>9-23-86</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side