

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other copies for your or to  
your office)

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

5. LEASE DESIGNATION AND SERIAL NO.

94000148 NM-021119

6. IF INDIAN, A LEECH OR TRIBE NAME

LANDRY NOTICES AND REPORTS ON WELLS

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

|                                                                                                                                         |                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. OIL WELL <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER                                                          | 7. UNIT AGREEMENT NAME                          |
| 2. NAME OF OPERATOR                                                                                                                     | 8. FARM OR LEASE NAME                           |
| Amoco Production Co.                                                                                                                    | Florance Gas Com B                              |
| 3. ADDRESS OF OPERATOR                                                                                                                  | 9. WELL NO.                                     |
| 501 Airport Drive, Farmington, N M 87401                                                                                                | 1                                               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface- | 10. FIELD AND POOL, OR WILDCAT                  |
| 1650' FNL x 1190' FEL                                                                                                                   | Basin Dakota                                    |
| 14. PERMIT NO.                                                                                                                          | 11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA |
| 15. ELEVATIONS (In feet) OF WELL HEAD AND RESOURCE AREA                                                                                 | SE/NE Sec 9, T29N, R12W                         |

|                      |           |
|----------------------|-----------|
| 12. COUNTY OR PARISH | 13. STATE |
| San Juan             | NM        |

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(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.)

Moved in and rigged up service unit on 5-13-85. Total depth of the well is 6470' and plugback depth is 6433'. Cleaned out sand fill with nitrogen foam. Landed 2-3/8" tubing at 6379' and released the rig on 5-14-85.

RECEIVED  
AUG 2 - 1985  
OIL CON. DIV  
DIST. 3

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

SIGNED BA Shaw

TITLE Admin. Supervisor

ACCEPTED FOR RECORD  
DATE 7-22-85

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

AUG 01 1985

DATE  
FARMINGTON RESOURCE AREA

BY Spm

\*See Instructions on Reverse Side