fem Grave (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

runm Arrnuveu						
Budget Bureau No. 1004-0135						
Expires: March 31, 1993						

	DOTE TO OF EATING WATER OF	7.6161			
SUND	5. Leasa Designation and Serial No.				
	SF-	080601			
	rm for proposals to drill or to deepen or reent se "APPLICATION FOR PERMIT · " for such	· .	1 46/21	6. If Indian, Allottee or Tribe Name	
			\$\$\$\$\$\frac{1}{2} \frac{1}{2} \	A (ZIV)	
		<u> </u>	L COOP	7. If Unit of the Agreement Designat	ion
1. Type of Well Oil Gas Well Dther			DIGENO 10	A Rame and No.	
Well Other 2. Name of Operator	<u> </u>	Attention:	<u>्राध्याः स्ट</u>	SAN JU	AN #1
AMOCO PRODUCTION CO	OMPANY	Gail M. Jefferson	_	9. API Well No.	
3. Address and Telephone No.				3004	1 509506
P.O. BOX 800 DENVER, C	OLORADO 80201	303-830-6	5157	10. Field and Pool, or Exploratory Are	
4. Location of Well (Footage, Sec., T., R., M., or Survey Des	cription)				ED CLIFFS
1770 FNL 1610	FWL Sec. 14 T	30N R 11W	UNIT F	11. County or Parish, State San Juan	New Mexico
12. CHECK APPROP	RIATE BOX(s) TO INDIC	ATE NATURE OF	NOTICE BEP	ORT OR OTHER	DATA
TYPE OF SUBMISSION	THATE BOX(3) TO INDIO	ATE HATORE OF	TYPE OF ACTION	OTT, OTT OTTIER	DATA
N		Abandonment		Change of Plans	
Notice of Intent		Recompletion Plugging Back	 - 	New Construction Non-Routine Fracturing	
Subsequent Report		Casing Repair		Water Shut-Off	
Final Abandonment Notice	<u> </u>	Altering Casing Other CAN CELL P&A		Conversion to Injection	
		U(IA)	(Note: Report res	Dispose Water ults of multiple completion on Well Com	pletion or Recompletion Report and Log form.
 Describe Proposed or Completed Operations (Clearly statemarkers and zones pertinent to this work.)* 	e all pertinent details, and give pertinent dates, including est	imated date of starting any proposed w	ork , If well is directionally drilled, g	ive subsurface locations and	measured and true vertical depths for all
PLANS NOW ARE TO D	COMPANY IS REQUESTING EEPEN THIS WELL DURING FORWARDED TO YOUR OFFI	THE FIRST QUAR	TER OF 1999. AT		
IF YOU HAVE ANY QUE	ESTIONS PLEASE CONTACT	GAIL JEFFERSON.			
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				FARMINGTON	ee Ee
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14. I hereby certify that the opening is true and correct Signed	Ufferson	Title	Sr. Admin. Staff	Asst. Date	08-28-1998
(This space for Federal or State office use)	# 10				
•	Duane W. Spencer				SEP 1 0 1998
Approved by		Title		Date	- • 0 1330
Conditions of approval, if any:	•				
Title 18 U.S.C. Section 1001, makes it a crime for any person	n knowingly and willfully to make to any department or agen	cy of the United States any false, fiction	ious, or fraudulant statements or rep	presentations as to any matter within its	s jurisdiction.