| UNITED STATES |
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| DEPARTMENT OF THE INTERIOR |
| BUREAU OF LAND MANAGEMENT |

| FORM APPROVED | | |
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| Budget Bureau No. 1004-0135 | | |
| Expires: March 31, 1993 | | |

| Do not use this form for proposals to drill | AND REPORTS ON WELLS or to deepen or reentry to a different reservoir. R PERMIT - " for such proposals | 5. Lease Designation and Serial No. SF 077231A 6. If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation |
|--|--|---|
| 1. Type of Well | | 7. If Unit of CA, Agreement Designation |
| Oil Well Other | | 8. Well Name and No. |
| 2. Name of Operator | Attention: | SHAW GAS COM #1 |
| AMOCO PRODUCTION COMPANY | Nancy I. Whitaker | 9. API Well No. |
| 3. Address and Telephone No. | 303-830-5039 | 3004509526 |
| P.O. BOX 800 DENVER, COLORADO 80 | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 10. Field and Pool, or Exploratory Area BLANCO MESAVERDE |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Descripti | ion) | 11. County or Parish, State |
| 1105 FNL 1650 FEL | Sec. 14 T 30N R 9W UNITB | SAN JUAN NEW MEXICO |
| 12. CHECK APPROPRIATE BOX | (s) TO INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTIO | |
| Notice of Intent Subsequent Report Final Abandonment Notice | Abandonment Recompletion Plugging Back Casing Repeir Altering Casing Other REPAIR CSG LEAK (Note: Recompletion) Recompletion | Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water Report results of multiple completion on Well Completion or oletion Report and Log form. |
| WELL-SERVICING. | AUS 1 2 (SO) | BECEIVED 97 JUL 25 PM 1: 3 97 JUL 25 PM 1: 3 |
| 14. I hereby certify that the foregoing is true and correct Signed (This space for Federal or State office use) Approved by | Title Staff Ass | Dete 07-22-1997 |
| Conditions of approval, if any: | ringly and willfully to make to any department or agency of the United S | Date Date Statements or transfulent statements or |

^{*} See Instructions on Reverse Side