Use "APPLICATION FOR PERMIT - " for such proposals

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
McKenzie A 1

2. Name of Operator
Amoco Production Company

Attention:
Lori Arnold

9. API Well No.
3004509769

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201 (303) 830-5651

10. Field and Pool, or Exploratory Area
Basin Dakota

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
910 FNL 805 FEL Sec. 9 T 30N R 12W

11. County or Parish, State
San Juan New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☒ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other _____	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

See attached procedures.

If you have any questions please contact Lori Arnold at (303) 830-5651.

SEE ATTACHED FOR CONDITIONS OF APPROVAL

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

Signed Lori Arnold Title Business Analyst Date 04-13-1993

(This space for Federal or State office use)

Approved by _____ Title _____ Date APPROVED