Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO 1004-0135 Expires: November 30, 2000

Expired: Treveine
Lease Serial No.
Lease Berrai IVO.
NIMICE OTRION

SUNDRY I	NOTICES AND REPO	RTS ON WELL	3 45	67	NMSF - 07819			
Do not use this abandoned well	form for proposals to Use form 3160-3 (API	drill or to re-color) for such pro	ter'an osals.	67	6. If Indian, Allottee	or Tribe Name		
SUBMIT IN TRIE	PLICATE - Other instruc	tions on revers		/6D 5	تا	reement, Name and/or No.		
1. Type of Well	627	OIL CON. DIST.	DIV 3	Cik. Well Name and No.				
Oil Well Gas Well Oth 2. Name of Operator	Contact:	MARY CORKEY		<u> </u>	9. API Well No.			
AMOCO PRODUCTION COM	PANY	E-Mail: corle	pp.com		30-045-12157			
3a. Address P.O. BOX 3092 HOUSTON, TX 77253	3b. Phone No. (in Ph: 281.366.4 Fx: 281.366.0	4491 BASIN DAKOTA						
4. Location of Well (Footage, Sec., T.			11. County or Parish, and State					
Sec 19 T30N R10W Mer SWS		SAN JUAN COUNTY, NM						
12. CHECK APPF	ROPRIATE BOX(ES) TO	O INDICATE N	ATURE OF	NOTICE, RI	EPORT, OR OTH	ER DATA		
TYPE OF SUBMISSION			ТҮРЕ О	F ACTION				
Notice of Intent	☐ Acidize	☐ Deepen	ı		tion (Start/Resume)	☐ Water Shut-Off		
	☐ Alter Casing	_	☐ Fracture Treat ☐ New Construction		ation	☐ Well Integrity		
☐ Subsequent Report	☐ Casing Repair	_			plete	☑ Other		
☐ Final Abandonment Notice	☐ Change Plans		-		rarily Abandon			
	☐ Convert to Injection		Plug Back Water Disposal including estimated starting date of any proposed work and apprurate locations and measured and true vertical depths of all per			in the function thereof		
Attach the Bond under which the wo following completion of the involved testing has been completed. Final Aldetermined that the site is ready for form of the permission to maintain the we restore it back to production so for this year. If review indicate	pandonment Notices shall be in final inspection.) Lesting an update to the sall in a shut in status pending the sall in the syleting.	status of the subj	ject well, Amo	oco Producti determine if	on Company responsion attempt may be on of well review in	ectfully request se made to n the 4 QTR		
		a a jijer	s tiju	JAN 3	5 2902			
14. I hereby certify that the foregoing i	Electronic Submission	ODUCTION COME for processing by	ANY, sent to Maurice Joh	nson on 06/2	on 2/2001 ()			
Name (Printed/Typed) MARY C		Title AUTHO	JRIZED REP	RESENTATIVE				
		1,	Date 06/20/2	2001				
Signature	THIS SPACE F				ISF			
	THIS SPACE F	OK FEDERAL	T T					
			Title		Da	te 7/2/014		
Approved By Conditions of approval, if any, are attached that the applicant holds legal or or or a state of the state of	auitable title to those rights in i							
which would entitle the applicant to cond	duct operations thereon.	a crime for any pers	Office son knowingly a	nd willfully to	make to any departmen	nt or agency of the United		
States any false, fictitious or fraudulen	t statements or representations	as to any matter with	hin its jurisdictio	on.				