

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

5. Lease Designation and Serial No.

NMSF-080917

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Atlantic B *LS* #10

9. API Well No.

3004520589

10. Field and Pool, or Exploratory Area

Blanco Picture Cliffs

11. County or Parish, State

SAN JUAN NEW MEXICO

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

2. Name of Operator

AMOCO PRODUCTION COMPANY

Attention:

Pat Archuleta

3. Address and Telephone No.

P.O. BOX 800 DENVER, COLORADO 80201

(303) 830-5217

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1750' FNL

*FEL*  
790' FWL

Sec. 5 T 30N R 10W UNIT H

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

TYPE OF SUBMISSION

TYPE OF ACTION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

- ☒ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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 markers and zones pertinent to this work.)\*

subsurface locations and measured and true vertical depths for all

Amoco Production Company requests permission to plug and abandon this well per the attached procedures.

If you have any technical questions contact Dean Tinsley at (303) 830-6141.

RECEIVED  
NOV - 9 1998  
OIL CON. DIV.  
DIST. 3

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

Signed

*Pat Archuleta*

Title

Staff Assistant

Date

10-28-1998

(This space for Federal or State office use)

Approved by

/S/ Duane W. Spencer

Title

Date

NOV - 4 1998

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

\* See Instructions on Reverse Side

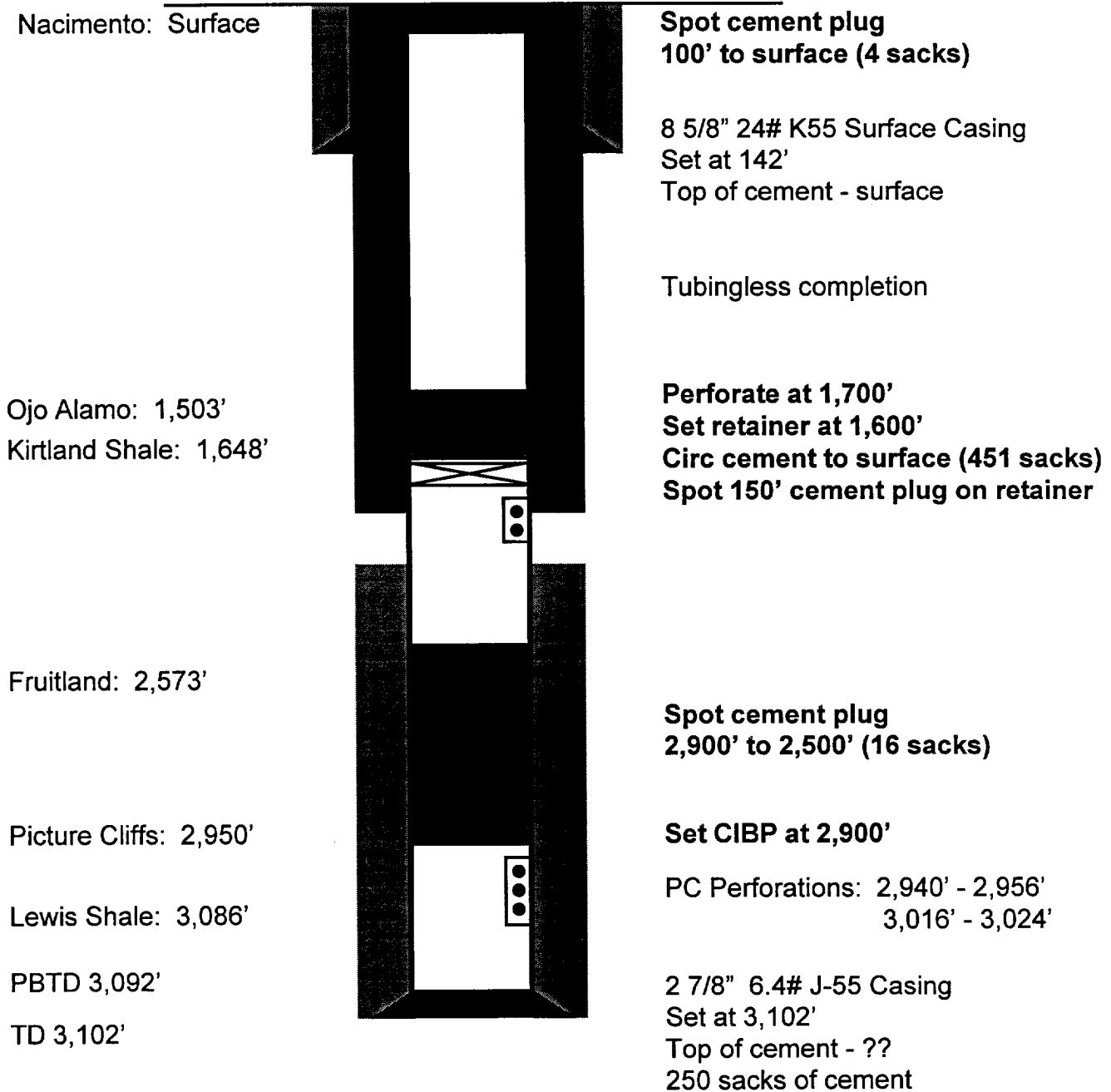
NMOCD

1. Notify regulatory agencies (BLM, NMOCD, FIMO) 24 hours in advance of plugging activity. Contact BLM and indicate well is allotted (FIMO regulations effective April 1, 1997).
2. Check location for anchors. Install if necessary. Test anchors.
3. MIRUSU. Blow down well. Kill if necessary with fresh water. NDWH. NUBOP.
4. Run in hole with 1 1/4" workstring and CIBP, set CIBP at 2900'. Test casing integrity to 500 psi. Spot cement plug from 2900' to 2500' (16 sacks). TOH, rig up wireline, TIH, run short string CBL to confirm cement top. Perforate at 1700'. Set retainer and circulate cement to surface (451 sacks). Spot 150' cement plug on top of retainer (6 sacks). TOH to 100', spot 100' cement plug at surface (4 sacks).
5. NDBOP. Cut off casing and wellhead. Install PXA marker according to BLM or State requirements.
6. Contact FMC and ship surface equipment to yard or other location per instructions.
7. Provide workorder to Buddy Shaw for reclamation.
8. Rehabilitate location according to BLM or State requirements.

## Atlantic B LS 10 (PC)

H5 T30N-R10W, 1750 FNL, 790 FEL  
API 3004520589  
SF-080917

### Proposed PXA Wellbore Schematic



Not to scale

10/7/98  
jkr

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RECEIVED  
BLM

99 MAY 24 PM 1:08

RECEIVED  
MAY 27 1999

OF FARMINGTON, NM

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

2. Name of Operator  
AMOCO PRODUCTION COMPANY

3. Address and Telephone No.  
P.O. BOX 3092 HOUSTON, TX 77253 281-366-4491

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1750 FNL 790 FEL Sec. 5 T 30N R 10W UNIT H

5. Lease Designation and Serial No.  
NMSF - 080917

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
ATLANTIC B LS # 10

9. API Well No.  
30-045-20589

10. Field and Pool, or Exploratory Area  
BLANCO PICTURE CLIFFS

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	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

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

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4/29/99 MIRUSU. NDWH. NU BOP. TIH W/1 1/4" DP. Tag @ 3014'. Pull up hole & SDFN. TIH w/DP. RU & run gauge ring. Set CIBP@ 2900'. TIH w/DP. Circ hole. Spot CMT plug 2500' - 2900' w/16 SXS CLS B Neat CMT. TOH w/DP. Run CBL.. Shot SQZ holes @ 1696'. RU & pump 484 SXS CLS B Neat CMT. Had full circ during job. 0 SXS to surface. SDFN. Pressure test CSG to 500#. Held OK. RU & shot SQZ holes @ 117'. Pumped 55 SXS CLS B Neat CMT & circ 3 BBLS to surface. Cutoff Wellhead & top off w/10 gallons CMT. Weld on DH maker.

5/3/99 RDMOSU. Rig released 17:00 hrs. Location turned over to environmental group for surface rehabilitation

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

Signed Mary Corley Title Sr. Business Analyst Date 05-19-1999

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

ACCEPTED FOR RECORD