

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Amoco Production Company Attn: John Hampton		3. ADDRESS OF OPERATOR P.O. Box 800, Denver, Colorado 80201		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1710' FSL, 1090' FEL		5. LEASE DESIGNATION AND SERIAL NO. NM-013686		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
14. PERMIT NO. 30-045-22020		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6344' GL		9. WELL NO. 2A		10. FIELD AND POOL, OR WILDCAT Blanco, Mesaverde		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T30N-R29W		12. COUNTY OR PARISH San Juan		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other)		Reperf.	<input checked="" type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. 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.) *

Reperf:

4906'-20' W/2 JSPF, 120° phasing, 43 inch diameter.
4944'-49' "
4961'-66' "
4978'-91' "
5001'-11' "
5020'-24' "
5144'-70' "
5386'-91' "
5426'-50' "

Acidize:

Acidize with 1/2 BBL/ft of 15% HCL mixture, Max. treating pressure 1000psi.

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

SIGNED

John L. Hampton

TITLE

Sr. Staff Admin. Supv.

DATE

10/25/89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

FEB 22 1990

Ken Townsend

*See Instructions on Reverse Side

FOR AREA