

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. SF-080132
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
Attention: Mike Curry		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 (303) 830-4075		8. Well Name and No. Florance Gas Com /S/ #7A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1750 FNL 1590FWL Sec. 23 T 30N R 9W Unit F		9. API Well No. Blanco Mesaverde
		10. Field and Pool, or Exploratory Area 3004522122
		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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Test
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)\*

Amoco Production Company request permission to conduct a pressure fall-off/draw-down test per the attached procedure.

RECEIVED  
SEP - 2 1994  
OIL CON. DIV.  
DIST. 3

SEP 23 11:03  
OIL CON. DIV. NM

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

Signed Mike Curry Title Business Assistant Date 08-26-1994

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any:

APPROVED  
AUG 31 1994  
DISTRICT MANAGER

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.

**TESTING PROCEDURES**  
**Pressure Fall-Off/Draw-Down Test**

August 22, 1994

Florance 7A  
Mesaverde/Fruitland Coal  
Sec. 23 30N-09W

The objective of this testing is to conduct a pressure fall-off/draw-down test. The Mesaverde formation will continue to produce during the testing.

General Procedures

- 1) Stop CO<sub>2</sub> injection and shut-in well.
- 2) TIH with electronic pressure gauges and install surface pressure recorder to simultaneously record pressures.
- 3) Conduct a pressure fall-off test for a minimum of 14 days.
- 4) Configure surface facilities to measure gas volume and composition during flow back.
- 5) Flow back well for 30 days, while maintaining a constant flow rate. Monitor surface pressures and rates. Obtain produced gas composition at least once a day, for the first week of flowback. Following, monitor composition on a weekly basis.

If gas venting period exceeds 30 days or gas flaring is deemed necessary, contact governmental authorities (BLM or NMOCD).

*Report any problems to Cris Zogorski at:*

*(303) 830-4118 work*

*(303) 751-2218 home*