

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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	5. LEASE DESIGNATION AND SERIAL NO. SF-077833
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 2325 E 30th Street, Farmington NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements.* See also space 17 below) At surface 790' FSL x 1475' FEL	8. FARM OR LEASE NAME Florange
14. PERMIT NO.	9. WELL NO. 2 A
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5985' GR	10. FIELD AND POOL, OR WILDCAT Blanco Fruitland
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SWSE Sec 20 T30N R9W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Pool Name Change		

(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.)

The State of New Mexico has changed the pool name of this well from Blanco Fruitland to Basin Fruitland Coal Gas, Case No. 9420, Order No. R-8763, dated October 17, 1988.

RECEIVED
B & M MAIL ROOM
89 MAR -2 PM 1:11
FARMINGTON FIELD RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED RS Shaw TITLE Admin Supervisor DATE 2-25-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAR 03 1989
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

All distances must be from the outer boundaries of the Section.

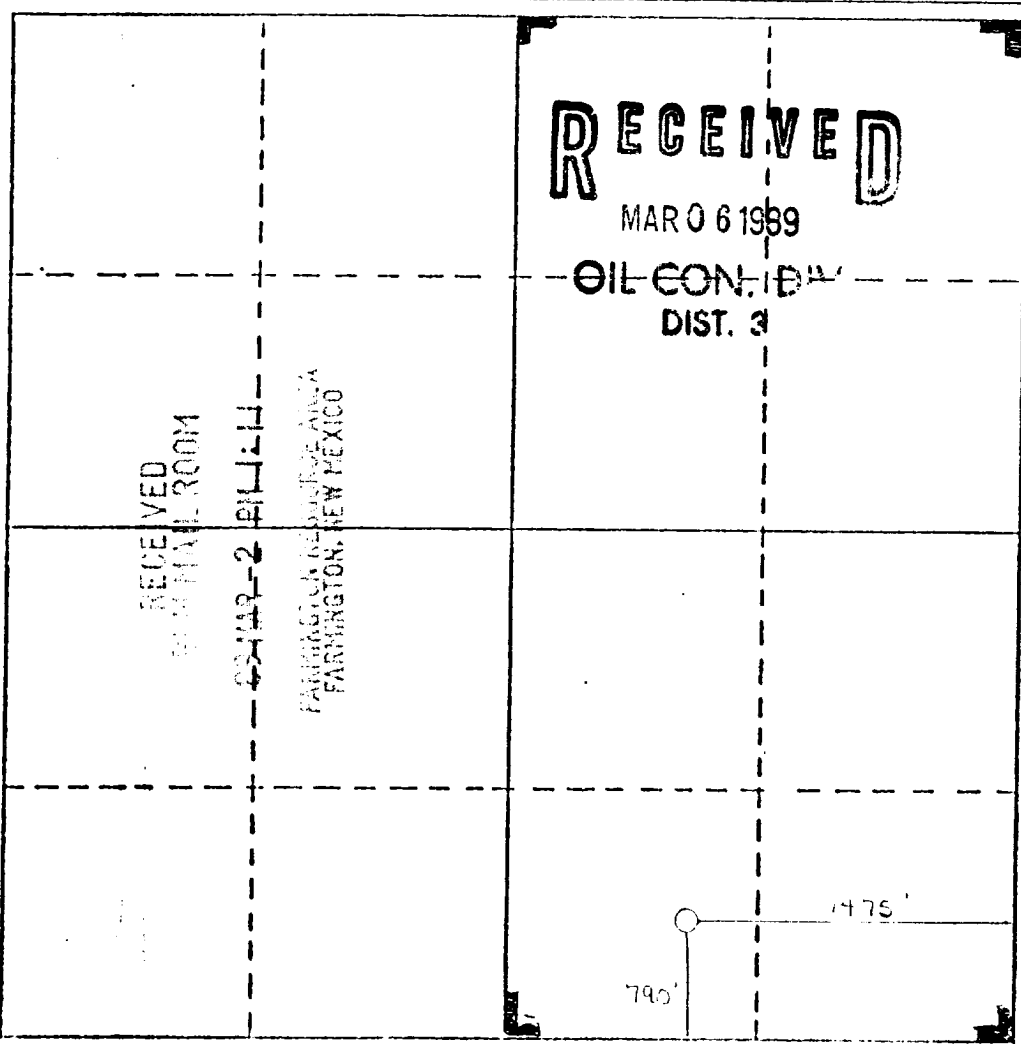
Operator Amoco Production		Lease Florange		Well No. 2A
Unit Letter 0	Section 20	Township 30N	Range 9W	County San Juan
Actual Postage Location of Well: 790 feet from the South line and 1475 feet from the E line				
Ground Level Elev. 5985'	Producing Formation Fruitland		Pool Basin Fruitland Coal Gas	Dedicated Acreage: 320 E/2 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatch marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

B.D. Shaw

Name

B.D. Shaw

Position

Adm. Supv

Company

Amoco

Date

2-25-89

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

On file

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

