

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Amoco Production Company</u>	8. FARM OR LEASE NAME <u>Florance</u>
3. ADDRESS OF OPERATOR <u>2325 E 30th Street, Farmington NM 87401</u>	9. WELL NO. <u>10A</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1460 FSL x 1100' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Blanco Fruitland</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>NESE Sec 30 T30N R9W</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5984' GR</u>	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>NM</u>

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) <u>Pool Name Change</u> <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.) \*

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  
MAR 6 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECON

MAR 03 1989

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE ACT

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

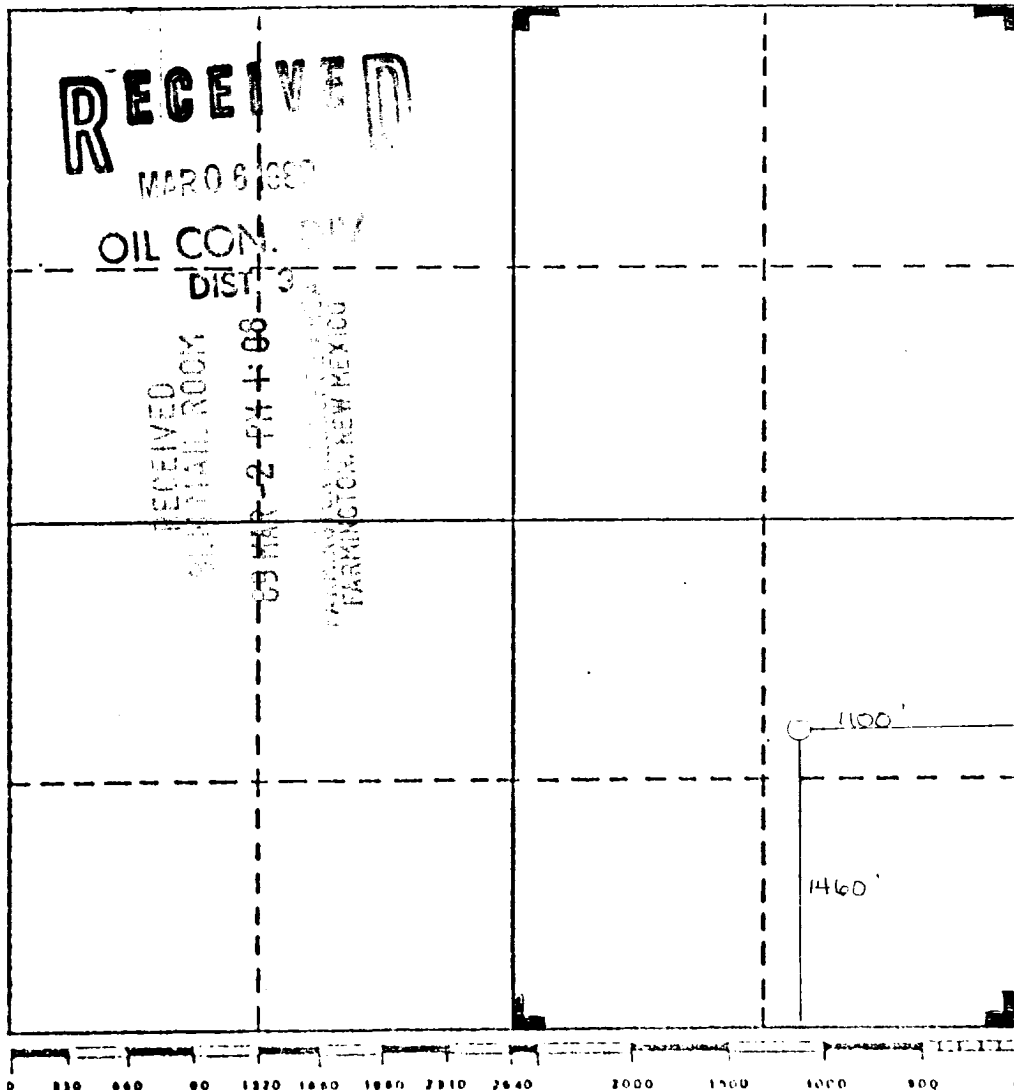
Operator <b>Amoco Production</b>		Lease <b>Flourance</b>		Well No. <b>10 A</b>
Unit Letter <b>I</b>	Section <b>30</b>	Township <b>30N</b>	Range <b>9W</b>	County <b>San Juan</b>
Actual Postage Location of Well: <b>1460</b> feet from the <b>South</b> line and <b>1100</b> feet from the <b>East</b> line				
Ground Level Elev. <b>5984'</b>	Producing Formation <b>Fruitland</b>	Pool <b>Basin Fruitland Coal Gas</b>	Dedicated Acreage: <b>320 E/2</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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.