Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

BUREA	Expires: March 31, 1993		
SUNDRY NO	5. Lease Designation and Serial No. SF-080597		
• •	osals to drill or to deepen or reentry to a different reservoi ATION FOR PERMIT - " for such proposals	6. If Indian, Allottee or Tribe Name	
No.		7. If Unit or CA, Agreement Designation	
1. Type of Well Oil Well Well Other		8. Well Name and No.	
2. Name of Operator	Attention:	Gartner A 5A	
Amoco Production Company	Patty Haefele	9. API Well No.	
3. Address and Telephone No.	7 5 6 7 7 13 5 10 5	3004522368	
P.O. Box 800, Denver	, CO 80201 (303) 830-4988	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Blanco Mesaverde	
	,	11. County or Perish, State	
1515' FNL 1500' F	WL Sec. 27 T 30N R 8W Unit	· ·	
		San Juan New Mexico	
12. CHECK APPROPRI	ATE BOX(s) TO INDICATE NATURE OF NO	TICE , REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	ACTION		
<u></u>	Abandonment	Change of Plans	
Notice of Intent	Recompletion	New Construction	
Subsequent Report	Plugging Back	Non-Routine Fracturing	
Subsequent Report	Casing Repair	Water Shut-Off	
Final Abandonment Notice	Altering Casing	Conversion to Injection	
	Other	Dispose Water	
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
	Clearly state all pertinent details, and give pertinent dates, including estimated vertical depths for all markers and zones pertinent to this work.]*	date of starting any proposed work . If well is directionally drilled, give	

Amoco Production Company has perfored the following work on this well:

MIRUSU 2/23/96. Set slickline plug at 5080'. Blow down, ND WH, NU BOP. Tag PBD at 5200'. Reset tubing at 4378' and ret tubing plug and flow test well for 62 hrs. FCP 200 FTP 135. Set slick ine plug at 4357', then remove for placing on production. Land tubing at 4390'. ND BOP, NU WH. Pull plug. Ready to produce. RDMOSU 2/27/96.



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14. I hereby certify that the foregoing is true and correct		* ***	•	
Signed Patty Halfele	Title	Staff Assistant	400F0TEN END RECORD	
(This space for Federal or State/office use)			VCCELIED FOR KECOUR	
Approved by Conditions of approval, if any:	Title		MAR 0.81996	