

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		6. Lease Designation and Serial No. <b>NMSF-078387A</b>
2. Name of Operator <b>Amoco Production Company</b>		7. If Unit or CA, Agreement Designation
Attention: <b>Patty Haefele</b>		8. Well Name and No. <b>Kernaghan B 3A</b>
3. Address and Telephone No. <b>P.O. Box 800, Denver, Colorado 80201 (303) 830-4988</b>		9. API Well No. <b>3004522421</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>980' FSL 1480' FEL Sec. 29 T 31N R 8W Unit O</b>		10. Field and Pool, or Exploratory Area <b>Blanco Mesaverde</b>
		11. County or Parish, State <b>San Juan New Mexico</b>

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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other _____	<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 intends to workover the subject well and return to production by 9/1/95. Procedures for the workover will be submitted at a later date. Please reference letter NMSF-077966 et al. (WC) 3162.3-4 (07337).

RECEIVED  
JUL - 7 1995  
OIL CON. DIV.  
DIST. 3

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

Signed <u>Patty Haefele</u>	Title <u>Staff Assistant</u>	Date <u>06-23-1995</u>
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(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title **ACCEPTED FOR RECORD**  
Conditions of approval, if any:

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.