

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

91 MAY 13

FORM APPROVED
Budget Bureau No. 1004-1135
Expires September 30, 1990

019 FARMINGTON 564678316

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Attn: John Hampton

3. Address and Telephone No

P.O. Box 800, Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1850' FSL, 860' FWL, NW/SW, Sec. 11, T30N-R9W

5. If Indian, Allottee or Tribe Name

6. Well Name and No.

Florance 114 #2

9. API Well No.

30-045-23479

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

11. County or Parish, State

San Juan, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection

Modified to a pressure monitor well.

(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 has modified the subject well in the fruitland formation to a pressure monitor status by installing a blindplate at the surface. Equipment necessary for producing the fruitland horizon has been removed.

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JUN 5 1991
OIL CON. DIV
DIST. 3

Please contact Cindy Burton (303)830-5119 if you have any questions.

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

Signed John Hampton
(This space for Federal or State office use)

Title Sr. Staff Admin. Supv.

ACCEPTED FOR RECORD

Date 5/9/91

JUN 03 1991

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____

FARMINGTON RESOURCE AREA

BY SM