

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

POST APPROVED  
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> PxA	5. LEASE DESIGNATION AND SERIAL NO. SF-081239
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRUST NAME
3. ADDRESS OF OPERATOR 2325 East 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 1100' FNL x 990' FWL	8. FARM OR LEASE NAME Johnson Gas Com E
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Flora Vista Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/NW Sec. 15, T30N, R12W
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE San Juan NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5701' GR	

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"/>
FRACUTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACUTURE 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 PLANE <input type="checkbox"/>	(Other) <u>Surface Rehabilitation</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.)

Please be advised that all surface rehabilitation stipulations for the subject well have been complied with. The work was completed in response to your letter File: 3162.3-4 (016) dated January 27, 1987.

RECEIVED  
PLN MAIL ROOM  
87 AUG 13 AM 9:36  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
AUG 05 1987  
OIL CON. DIV.  
DIST. 3

ACCEPTED FOR RECORD

AUG 04 1987

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO  
JKT

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

SIGNED B. Shaw TITLE Adm. Supervisor DATE 7-29-87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

