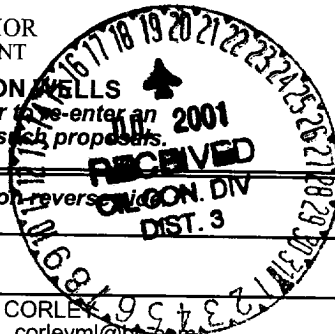


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse**



5. Lease Serial No. NM - 012647
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. RIDDLE B 1
9. API Well No. 30-045-23980
10. Field and Pool, or Exploratory BLANCO PICTURED CLIFFS
11. County or Parish, and State SAN JUAN COUNTY, NM

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator AMOCO PRODUCTION COMPANY	Contact: MARY CORLEY E-Mail: corleyml@bp.com
3a. Address P.O. BOX 3092 HOUSTON, TX 77079	3b. Phone No. (include area code) Ph: 281.366.4491 Fx: 281.366.0700
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T31N R9W Mer SWSW 1030FSL 805FWL	

**12. CHECK APPROPRIATE BOX(ES) 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"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

On November 17, 2000, Amoco Production Company advised that uphole recompletion potential did not exist in the subject wellbore and it was our intention to plug and abandoned the well. Amoco Production Company respectfully request permission to maintain this well as a shut in well pending our ongoing review of all shut in well to determine if it is feasible to stimulated and or perform repair operations in order to return the well to production status in the existing formation or possible recompletion to another pool. We anticipate completion of our well by well review by the end of the 4th QTR of this year. After completion of the review for each individual well a sundry notice will be submitted detailing our recommended course of action for this well.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #5621 verified by the BLM Well Information System For AMOCO PRODUCTION COMPANY, sent to the Farmington Committed to AFMSS for processing by Maurice Johnson on 07/12/2001 ()</b>	
Name (Printed/Typed) MARY CORLEY	Title SUBMITTING CONTACT
Signature	Date 07/11/2001

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date 7/16/01
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***