1 5 1 303-830-5294

Notes:

Form 3160-5
(June 1990)

cc: mdg Y

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

5. Lease Designation and Serial No.
SF081239

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.
L. C. KELLY 4E

2. Name of Operator
AMOCO PRODUCTION COMPANY

Attention:
LOIS RAEBURN

9. API Well No.
3004525843

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201

(303) 830-5294

10. Field and Pool, or Exploratory Area
BLANCO MESAVERDE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1180FNL 820 FWL Sec. 3 T 30N R 12W D

11. County or Parish, State
SAN JUAN NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☒ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☐ Other	☐ 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.)*

Commingle?

AMOCO PRODUCTION COMPANY REQUEST PERMISSION TO RECOMPLETE THE MESAVERDE FORMATION AND TRIMINGLE ? WITH THE GALLUP / DAKOTA. THIS IS A COMIMINGLED WELL AT THE PRESENT TIME..

Packer @ 5200'
PKR 4700'

RECEIVED
JUL 31 1995
OIL CON. DIV.
DIST. 3

SEE ATTACHED FOR CONDITIONS OF APPROVAL

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

Signed Lois Raeburn Title Business Assistant Date 02-08-1995

(This space for Federal or State office use)

Approved by _____ Title _____ APPROVED

Conditions of approval, if any:

FEB 21 1995

DISTRICT MANAGER

This 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.

* See Instructions on Reverse Side

OPERATOR

JUL 31 '95 02:19PM AMOCO 12TH FLOOR 3038304772 P.1/1

C-115 - Operator's Monthly Report (Continuation Page - Instructions are on the back of form C-115)

2 Operator Devon Energy Corporation (Nevada)	3 OGRID: 006137	4 Month/Year 11/94	6 Page 10 of 38

		INJECTION			PRODUCTION				DISPOSITION OF OIL, GAS, AND WATER							
7 POOL NO. AND NAME Property No. and Name Well No. & U-L-S-T-R API No.,	8 CODE 1	9 Volume	10 Pressure	11 CODE 2	12 Barrels of oil/condensate produced	13 Barrels of water produced	14 MCF Gas Produced	15 Days Produced	16 CODE 3	17 Point of Disposition	18 Gas BTU or Oil API Gravity	19 Oil on hand at beginning of month	20 Volume (Bbls/mcf)	21 Transporter OGRID	22 CODE 4	23 Oil on hand at end of month
003520 Todd 26 P Federal 016 P - 26 - 23S - 31E 30 - 015 - 27134	P				922	3404	2725	27	O G G W	0852510 0852530 0852550	40.3 1277	201	860 2576 149 4031	007440 013382	 U 	263
003521 Todd 27 P Federal 016 P - 27 - 23S - 31E 30 - 015 - 27106	P				536	537	2065	30	O G G W	0852610 0852630 0852650	43.0 1293	331	533 1953 112 636	007440 013382	 U 	334
013048 Todd 24 B Federal 002 B - 24 - 23S - 31E 30 - 015 - 27691	P				2848	4407	3556	25	O G W	2813733 2813734 2813735	41.1 1333	839	3227 3556 5217	007440 009171	 	460