

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

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OCT - 1 1998

OIL CON. DIV.
DIST. 3

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Designation and Serial No. SF-079511-A	
2. Name of Operator AMOCO PRODUCTION COMPANY		8. If Indian, Allottee or Tribe Name	
3. Address and Telephone No. P.O. BOX 800 DENVER, COLORADO 80201 (303) 830-5217		9. API Well No. 3004526061	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 480' FSL 340' FEL Sec. 31 T 30N R 8W UNIT P		10. Field and Pool, or Exploratory Area Basin Dakota	
		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
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> Other Letter Dated 6/18/98 <input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <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 will install a wellhead compressor on this well for one month in the 1st quarter of 1999.

If well does not perform under well head compressor an evaluation we be made at that time to either recomplete or plug and abandon the well.

Reference NMNM-04202 et al (WC0
3162.3-4 (7400)

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OIL CONSERVATION, NM
98 SEP 24 AM 9:33

MAR 01 1999

14. I hereby certify that the foregoing is true and correct.			
Signed <u>Pat Archuleta</u>	Title <u>Staff Assistant</u>	Date <u>09-23-1998</u>	
(This space for Federal or State office use)			
Approved by <u>/s/ Duane W. Spencer</u>	Title	Date <u>SEP 28 1998</u>	
Conditions of approval, if any:			

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

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