

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

RECEIVED
SF-078387-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

89 DEC 27 AM 9:31

7. UNIT AGREEMENT NAME

1. OIL WELL GAS WELL OTHER Coal seam

2. NAME OF OPERATOR
Amoco Production Company ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR
P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1280' FNL, 1800' FEL NW/NE

8. FARM OR LEASE NAME
Kernaghan B

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Basin Freutland Coal Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T31N, R8W

14. PERMIT NO. API
30-045-27339

15. ELEVATIONS (Show whether DP, RT, GR, etc.)
6581' GR

12. COUNTY OR PARISH
San Juan

13. STATE
N. Mex.

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud + set casing</u>	

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.)

Spud a 12 1/4" surface hole on 6/10/89 at 1400 hrs. Drilled to 309'.
Set 9 5/8" 36# K-55 surface casing at 309'. Cemented with 290 sx Class B. Circulated 25 BBLs to the surface.
Pressure tested casing to 1500 psi. Drilled a 8 3/4" hole to a TD of 3254' on 6/14/89. Set 7" 23# K55 production casing at 3250'. Cemented with 560 sx Class B tail with 100 sx Class B neat. Circulated 22 BBLs good cement to the surface.

Rig Released at 1130 hrs. on 6/14/89.

RECEIVED
FEB 27 1990
OIL CON. DIV.
DIST. 3

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

SIGNED J. Hampton/CUB
(This space for Federal or State office use)

TITLE Sr. Staff Admin. Supv. DATE 12/20/89

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____
Checked by _____ AREA _____
SMW

*See Instructions on Reverse Side

NMOCD