			Form approved.
Form 3160-5	UNITED STATES	SUBMIT IN TRIPLICATE	
(November 1983) (Formerly 9-331)	DEPARTMENT OF THE IN	TERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
(BUREAU OF LAND MANAGE		SF 078387-A
CLIN	IDRY NOTICES AND REPO	RIS ON WEEKED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not we this	form for proposals to drill or to deepen of Use "APPLICATION FOR PERMIT—" for	or plug bert to a different Reef pir.	
	Use "APPLICATION FOR PERMIT" to		7. UNIT AGREEMENT NAME
I. OIL M GAR	157	89 DEC 27 AM 9: 21	
2. NAME OF OPERATOR	отпек		8 FARM OR LEASE NAME
Amoco Prod	uction Company ATTN:	J.L. HAMPTON MEXICO	Kernaghan B
3. ADDRESS OF OPERATO		Amm	9. WBLL NO.
P. O. Box		0 80201	1 8
See also space 17 be	Report location clearly and in accordance vilow.)	vith any State requirements.	Region to with and Coal Han
At surface	THE IDANIEUN	50/011)	11. BBC,, T., R., M., OR BLK. AND
1140	FSL, 1700'FWL	SEISW	SURVEY OR ARMA
4.0	_		15ec 33-73/11-R8W
14. PERMIT NO.	15. ELEVATIONS (Show w	hether Dr. RT. GR. etc.)	12. COUNTY OR PARISH 13. STATE
30 04527	351 640-	7 KB	Danquan Inm.
16.	Check Appropriate Box To Ind	icale Nature of Notice, Report, or	Other Data
	HOTICE OF INTENTION TO:	·	QUANT REPORT OF :
	[- -]		
TEST WATER SHUT-		WATER SHUT-OFF FRACTURE TREATMENT	REFAIRING WELL ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE ABANDON®	SHOOTING OR ACIDIZING	. ABANDONMENT [®]
SHOOT OR ACIDIZE REPAIR WELL	CHANGE FLANS	(Other) Soud 4 Z	et casing X
(Other)		(Note: Report resul	ts of multiple completion on Well spletion Report and Log form.)
17	OR COMPLETED OPERATIONS (Clearly state all	pertinent details and give pertinent date	es, including estimated date of starting any
proposed work. nent to this work.	if well is directionally drilled, give subsuri) •	lace locations and measured and true vert	ical depths for all markers and zones perti-
of 3052	18. Sted casing to 1500 on 6/5/89 Cemented	with 534 5x life,	
Sullace.			
Rig Released	d at <u>1930</u> hrs. or		CEIVED BO7 1990
		• -	
		OIL (CON. DIV.
			DIST. 3
			-
18. I hereby certify th	at the foregoing is true and correct		. 1-
// PX		LE Sr. Staff Admin. S	upy. DATE 17/2/189
SIGNED L	100	JID	THE RECORD
(This space for Fe	deral or State office use)		Company of the Control of the Contro
APPROVED BY _		`LE	DATE
CONDITIONS OF	APPROVAL, IF ANY:		
•			PARAMETER REGISTRES PART

*See Instructions on Reverse Side

SMW