

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

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER <u>Coal Seam</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>SF-078201</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u> Attn: John Hampton	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 800, Denver, Colorado 80201</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>2160' FSL, 1260' FWL</u>	8. FARM OR LEASE NAME <u>Alvance Gas Com D</u>
	9. WELL NO. <u>1</u>
	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal Gas</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 10, T30N-R9W</u>
14. PERMIT NO. <u>API</u> <u>30-045-27380</u>	12. COUNTY OR PARISH <u>San Juan</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>6179' GR</u>	13. STATE <u>N. Mex</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PCLL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Perf. And Trac

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

See attached:

RECEIVED
OIL CON. DIV.
89 DEC 27 AM 9:14
FBI/DOJ

RECEIVED
FEB 07 1990
OIL CON. DIV.
DIST. 3

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

SIGNED

J. Hampton/CB

TITLE

Sr. Staff Admin. Supr.

DATE

12/20/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Fluorine Gas Conn D #1

Perforate: 9-27-89

2708'-2712'	W/4 SSPE, .45 in diam, 16 shots open.
2720'-2724'	16
2740'-2742'	8
2748'-2751'	12
2756'-2761'	20
2771'-2774'	12
2778'-2781'	12
2788'-2792'	16
2798'-2821'	85
2825'-2830'	20
2854'-2878'	92
2907'-2952'	172

Acidizing: 9-27-89

Interval 2708'-2952', acidized with 7380 gals 15% HCL, acid with A-250 inhibitor.

Trac: 9-29-89

Trac down casing w/139272 gals,
30# X-Linked gel, 42500 # 40/70 SN,
293176 # 12/20 SN.

AIP 2000 psi, AIR 55 BPM