

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved by
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 078 201</u>
2. NAME OF OPERATOR <u>Amoco Production Company Attn: John Hampton</u>	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>1845' FNL, 1560' FEL SW/NE</u>	8. FARM OR LEASE NAME <u>Florance O</u>
14. PERMIT NO. <u>API</u> <u>30-045-27383</u>	9. WELL NO. <u>3</u>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <u>5797' GR</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. 24, T30N, R9W</u>
	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>n.m.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☒	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other) <u>completion info</u>	☐		☐

(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 summary.

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

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

SIGNED J. Hampton/CUB TITLE Sr. Staff Admin. Supr. DATE 12/18/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

9/8/89

Florance O#3 completion summary.

Perforated

2282' - 2296'	w/4 JSPF, .46 in diam.	56 shots, open
2305' - 2316'	;	44 shots, open
2330' - 2338'	;	32 shots, open
2350' - 2373'	;	92 shots, open
2393' - 2413'	;	80 shots, open.
2429' - 2454'	;	120 shots, open
2462' - 2472'	;	40 shots, open

9/11/89

Frac down 7" casing with 165354 gal 30# X-Link gel
42000 # 40/70 sn
538000 # 12/20 sn
AIR 55 BPM, AIP 1700 psi