

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 ☐		2. NAME OF OPERATOR Amoco Production Company Attn: John 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 1370' FSL, 1210' FWL NW/5W		5. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO. API 30-045-27429		15. ELEVATIONS (Show whether OF, AT, GR, etc.) 6322' GR		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Florance A		9. WELL NO. 1		10. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, T30N, R8W	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		12. COUNTY OR PARISH Sanguan		13. STATE nm			
TEST WATER SHUT-OFF ☐		PULL OR ALTER CASING ☐		WATER SHUT-OFF ☐		REPAIRING WELL ☐					
FRACTURE TREAT ☐		MULTIPLE COMPLETE ☐		FRACTURE TREATMENT ☐		ALTERING CASING ☐					
SHOOT OR ACIDIZE ☐		ABANDON* ☐		SHOOTING OR ACIDIZING ☐		ABANDONMENT* ☐					
REPAIR WELL ☐		CHANGE PLANS ☐		(Other) name change ☒							
(Other) ☐				(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.)*											

Amoco has changed the name of the subject well to:
Thompson LS #3

Please contact Cindy Burton (303)830-5119 if you
have any questions.

RECEIVED
FEB 08 1990
OIL CON. DIV.
DIST. 3

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

SIGNED <u>J. Hampton/CB</u>	TITLE <u>Sr. Staff Admin. Supr.</u>	DATE <u>12/21/89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side