

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
SF 078385

**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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Thompson LS

9. WELL NO.  
153

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T30N-R8W

12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico

1. OIL WELL  GAS WELL  OTHER

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  
1370' FSL, 1210' FWL NW/SW

14. PERMIT NO.  
API. 30 045 27429

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6322' GR

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

**NOTICE OF INTENTION TO:**

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Set Liner <input type="checkbox"/>	

(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.)\*

Set a 4½" 11.6# K55 LT&C Liner.  
Top of Liner @ 2598', Bottom @ 3170'.  
Cemented with 100 sx Class B cement.

**RECEIVED**

FEB 08 1990

OIL CON. DIV  
DIST. 3

SUNDRY NOTICES AND REPORTS ON WELLS

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

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

TITLE Sr. Staff Administrative Supv. DATE 2/2/90

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SM