Form 3160-5 (November 1983) (Formerly 9-331)	DEPARTMEN	TED STATES T OF THE INTERI		TE* Budget Bureau No. 1004-0135 Expires August 31, 1985 LEASE DESIGNATION AND SERIAL NO. SF078432
(Do not use this		AND REPORTS C		6. IF INDIAN, ALLOTTER OR TRIBE NAME
OIL GAR WELL 2. NAME OF OPERATOR	отнев	any ATTN: Jan	TAMPTON	5an Juan 32-9 Unit
Amoco Production Company ATTN: Jan. 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				9. WBLL NO. 10. FIELD AND POOL, OR WILDCAT 10. FIELD AND POOL, OR WILDCAT
1710'FNL, (120 FWL. SW/NW.				Sec. S. T3/N, R 91D
14. PERMIT NO. AP 1 300452749	92	ELEVATIONS (Show whether DF,	RT, OR, etc.) 6 R ature of Notice, Report, of	12. COURTY OR PARISH 18. STATE Sem Han M. Mex.
•	CHECK / (PPIOP		· · · · · · · · · · · · · · · · · · ·	
•	NOTICE OF INTENTION	v:	SUB	SEQUENT REPORT OF:
TEST WATER SHUT-D	PULL O	R ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT		LE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABAND		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL (Other)	CHANG	FLANS	(Other) X Report res	sults of multiple completion on Well
17. DESCRIBE PROPOSED OF		E (Clearly state all pertinent drilled, give subsurface locati	Completion or Rec details, and give pertinent di ons and measured and true ve	ompletion Report and Log form.) ates, including estimated date of starting any ritical depths for all markers and gones perti-
Spud a 12/4	surface	hole on $\frac{10}{10}$	<u> </u>	hrs. Drilled to $\frac{265}{}$
VID SXCIB Wa Pressure test	-70(aCl2.	•	Eace casing at a Circulated 1	5 BBLS to the surface.
of <u>3666</u> casing at 3	on 10/8/89	Set 47 Cemented with	a" 11.6# K54	
surface.		. Circulat		BLS good cement to the
Rig Released	at <u>0500</u>	hrs. on 10	<u> [8 89.</u> .	
				DECEIVED JANGS DO
				OIL CON. DIV
18. I hereby certify that	mptorfo		Staff Admin. S	Supv. DATE /2/2/89
(This appec for Feder	al or State office use)			ACCEPTED FOR MEDORD
APPROVED BYCONDITIONS OF AP	PROVAL, IF ANY:	TITLE		DATE TO A CONTROL OF THE PARTY
i		*See Instructions	on Reverse Side	(Manneron nedodne naka)