

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Coal seam</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>SF-080597</u>
2. NAME OF OPERATOR <u>Amoco Production Company ATTN: J.L. 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.) <u>At surface</u> <u>1790' FNL, 840' FEL</u>	8. FARM OR LEASE NAME <u>Gartner A</u>
14. PERMIT NO. <u>API</u> <u>30-045-27506</u>	9. WELL NO. <u>15</u>
15. ELEVATIONS (Show whether DY, RT, GR, etc.) <u>6319' GR</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal Gas</u>
	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 33, T30N, R8W</u>
	12. COUNTY OR PARISH <u>San Juan NM.</u>
	13. STATE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud/set csq.</u>	
(Other) <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.)*

Spud a 12 1/4" surface hole on 12/8/89 at 18:00 hrs. Drilled to 281'.
Set 85/8" 24# K55 surface casing at 275'. Cemented with 250 5X CIB. Circulated 15 BBLs to the surface.
Pressure tested casing to 1500 psi. Drilled a 7 7/8" hole to a TD of 3240' on 12/12/89. Set 5 1/2" 17# N-80 production casing at 3240'. Cemented with 150 5X CIB lead, 100 5X CIB, 450 5X CIB, 60 5X CIB tail. Circulated 20 BBLs good cement to the surface.

Rig Released at 18:00 hrs. on 12/12/89.

Well SI from 12/12/89 → 1/16/90
waiting on completion rig

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

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

SIGNED <u>J. Hampton/cas</u>	TITLE <u>Sr. Staff Admin. Supv.</u>	DATE <u>1/18/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side