

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

5. LEASE DESIGNATION AND SERIAL NO.

NM03566

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME STEWART B
3. ADDRESS OF OPERATOR 200 Amoco Court Farmington NM 87401	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 870' FSL 1210' FWL	10. FIELD AND POOL, OR WILDCAT Fruitland CoA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW/SW SEC 28-30N-10
15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 hereby requests approval to test the subject well for 10 days. Additional testing is needed to evaluate economics on pipeline connection. Test to start 9-18-90. Verbal approval by John Keller 9-17-90

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

SIGNED

B. Shaw

TITLE

Enviro. Coordinator

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 09 1990

Ken Townsend

AREA MANAGER

*See Instructions on Reverse Side