

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 <input type="checkbox"/> GAS WELL <input 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>900' FWL, 1700' FSL NE/NW</u>	8. FARM OR LEASE NAME <u>Partner Hampton B</u>
14. PERMIT NO. <u>API</u> <u>30-045-27585</u>	9. WELL NO. <u>#1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>5917'</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Fuel and Coal Gas</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26, T30N, R8W</u>
	12. COUNTY OR PARISH <u>San Juan</u>
	13. STATE <u>NM.</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <u>Spud + set casing</u>	

(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 2/3/90 at 13:00 hrs. Drilled to 275 '.
Set 9 5/8" 36# K55 surface casing at 275 '. Cemented with 250 5X Class B. Circulated 19 BBLS to the surface.
Pressure tested casing to 1500 psi. Drilled a 8 3/4 " hole to a TD of 2510 ' on 2/6/90. Set 7" 23# K55 LTC production casing at 2510 '. Cemented with 425 5X 65/35 poiz. tail with 100 5X Class G. Circulated 25 BBLS good cement to the surface.

Rig Released at 11:30 hrs. on 2/6/90.

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

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

SIGNED J. Hampton/CB TITLE Sr. Staff Admin. Supv. DATE 2/13/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

Accepted For Record

FEB 27 1990

NMOOD

*See Instructions on Reverse Side

Chief, Branch of
Mineral Resources
Farmington Resource Area