

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

| | | |
|--|--|--|
| 1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 5. Lease Designation and Serial No. NM 021127 |
| 2. Name of Operator Amoco Production Company | | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. P.O. Box 800, Denver, Colorado 80201 | | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990FNL 990FEL Sec. 29 T 31N R 12W | | 8. Well Name and No. Standolind A 1 |
| | | 9. API Well No. 3004510387 |
| | | 10. Field and Pool, or Exploratory Area Basin Dakota |
| | | 11. County or Parish, State San Juan New Mexico |

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 Production Company is requesting permission to Acidize perforations with 15% HCl, to increase production on well.

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

Signed

Lois Raeburn

Title

Business Asst.

Date

02-15-1994

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

APPROVED

FEB 23 1994

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

Amoco Production Company

WELL REPAIR AUTHORIZATION AND REPORT

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|
| LEASE/UNIT NAME AND WELL NUMBER Standline A 1 | | | | HORIZON NAME Fruitland Coal | | | | ORIGINAL BLANK CORRECTION <input type="checkbox"/> DELETION <input type="checkbox"/> PLAC (WELL) NO. 1924444 HORIZON CODE 11 CONTROL DATE MO. DAY YR. | |
| FIELD Basin Fruitland Coal | | COUNTY San Juan | | STATE NM | | | | | |
| OPERATOR Amoco | | OPERATIONS CENTER/DIVISION STOC | | ELEVATION DF 6023 | | ELE. REFERENCE PT. Gr 6014 | | | |
| LAST PRODUCING WELL ON LEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | | T.D. 5000 | | P.B.T.D. 2402 | | LOCATION Sec 29-T31N-R12W | | | |
| A. WORKING INTEREST Amoco 100.0 | | | | OTHER WORKING INTERESTS None | | | | | |
| B. NET INTEREST Amoco 100.0 | | | | TOTAL REPAIR HORIZONS <input type="checkbox"/> | | STATUS AFTER REPAIR PRODUCING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/> | | PRODUCTION INCREASE EXPECTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| TYPE JOB SELECT ONE MAJOR (1) AND MAXIMUM THREE MINOR (2) C. CONVERT TO INJECTION <input type="checkbox"/> CONVERT TO PROD. <input type="checkbox"/> DEEPEN <input type="checkbox"/> D. WATER FRAC <input type="checkbox"/> OIL FRAC <input type="checkbox"/> ACID FRAC <input type="checkbox"/> E. ACIDIZE <input checked="" type="checkbox"/> REPAIR CASING <input type="checkbox"/> WHIPSTOCK <input type="checkbox"/> F. PLUG BACK <input type="checkbox"/> PERFORATE <input type="checkbox"/> CEMENT SQUEEZE <input type="checkbox"/> G. WASHING SAND <input type="checkbox"/> SAND CONTROL <input type="checkbox"/> OTHER <input type="checkbox"/> H. SET LINER OR SCREEN <input type="checkbox"/> PULL LINER OR SCREEN <input type="checkbox"/> I. TREATING VOLUME - GAL 500 gal DIVISION REPAIR CODE | | | | | | | | ESTIMATED COST INTANGIBLES RIG COST \$ 8000 EQUIPMENT RENTAL CIRCULATING MEDIA CEMENT AND SERVICE PACKERS AND EQUIPMENT PERFORATE, LOG, WIRELINE STIMULATION 1000 LABOR SPECIAL EQUIPMENT FISHING OTHER INTANGIBLES TOTAL INTANGIBLES \$ 9000 | |
| J. GROSS PRODUCTION K. OIL BOPD 2 \$/BBL L. WATER BWPD 35 \$/MCF 17.0 M. GAS MCFD N. OTHER /DAY EXPECTED PAYOUT 2 MONTHS | | | | | | | | TANGIBLES CSG., TBG., HEAD, ETC. \$ 0 TOTAL GROSS COST \$ 9000 | |
| P. GROSS INJECTION WATER <input type="checkbox"/> GAS <input type="checkbox"/> LPG <input type="checkbox"/> AIR <input type="checkbox"/> STEAM <input type="checkbox"/> OTHER <input type="checkbox"/> BEFORE ANTICIPATED R. RATE BPD OR MCFD S. PRESSURE PSIG | | | | | | | | Amoco WORKING INTEREST COST \$ 9000 | |
| REASON FOR WORK T. | | | | | | | | | |