

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. SF-078096
2. Name of Operator Amoco Production Company		6. If Indian, Allottee or Tribe Name
Attention: Gail M. Jefferson, Rm 1295C		7. If Unit or CA, Agreement Designation
3. Address and Telephone No. P. O. Box 800, Denver, Colorado 80201 (303) 830-6157		8. Well Name and No. Mudge B #1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 560FSL 1980FWL Sec. 21 T 31N R 11W Unit N		9. API Well No. 3004510417
		10. Field and Pool, or Exploratory Area Blanco Mesaverde
		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"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other BLM Demand Letter	<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.)*

Please be advised Amoco Production Company plans to recomplete this well to the Pictured Cliffs by March, 1996.

If you have any questions please contact Gail Jefferson at (303) 830-6157

RECEIVED
OCT 30 1995
OIL CON. DIV.
DMS-3

APPROVAL EXPIRES MAY 01 1996

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

Signed Gail M. Jefferson Title Sr. Admin. Staff Asst. Date 10-24-1995

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

APPROVED

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.