

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 ☐ GAS WELL ☒ OTHER coal seam  
2. NAME OF OPERATOR Amoco Production Company ATTN: J.L. HAMPTON  
3. ADDRESS OF OPERATOR P. O. Box 800 Denver, Colorado 80201  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1430' FNL, 1450' FEL SW/NE  
14. PERMIT NO. ADI 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6813' GR  
5. LEASE DESIGNATION AND SERIAL NO. SE078504  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME San Juan 32-9 Unit  
8. FARM OR LEASE NAME  
9. WELL NO. 104  
10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal Gas  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T32N, R10W  
12. COUNTY OR PARISH San Juan 13. STATE N. Mex.

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Spud &amp; set casing</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion in 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 10/30/89 at 1445 hrs. Drilled to 288'.  
Set 9 5/8" 36# K55 surface casing at 288'. Cemented with 235 5x11 BW/2% CaCl<sub>2</sub>. Circulated 19 BBLS to the surface.  
Pressure tested casing to 1500 psi. Drilled a 8 3/4" hole to a TD of 3350' on 11/3/89. Set 7" 23# K55 production casing at 3350'. Cemented with 820 5x filler, 100 5x tail. Circulated 70 BBLS good cement to the surface.

Rig Released at 1500 hrs. on 11/3/89.

RECEIVED  
FEB 05 1990  
OIL CON. DIV./  
DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED J. Hampton/cab TITLE Sr. Staff Admin. Supv. DATE 12/21/89  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side