

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

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

Attn: J.L. Hampton

3. Address and Telephone No.

P.O. Box 800 Denver, Colorado 80201 (303) 830-5025

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1180' FSL, 1390' FWL  
Sec. 22, T32N, R11W (SE/SW) "N"

5. Lease Designation and Serial No.

SF-078039

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

BARNES GAS COM "B" #1

9. API Well No.

30-045-27778

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

11. County or Parish, State

San Juan, N.M.

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

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Methane Stimulation  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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 wishes to conduct a methane stimulation test on the subject well:

Stimulate well with natural gas for 30 days. Do not exceed 2 MMSCF/D or 1200 psig. Return well to production, using compressor if necessary. Monitor daily gas rates and pressure.

RECEIVED  
MAR 25 1992  
OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
92 MAR 23 PM 1:37  
019 FARMINGTON, N.M.

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

Signed J.L. Hampton Label

Title Asst. Staff Admin. Supv.

**APPROVED**

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

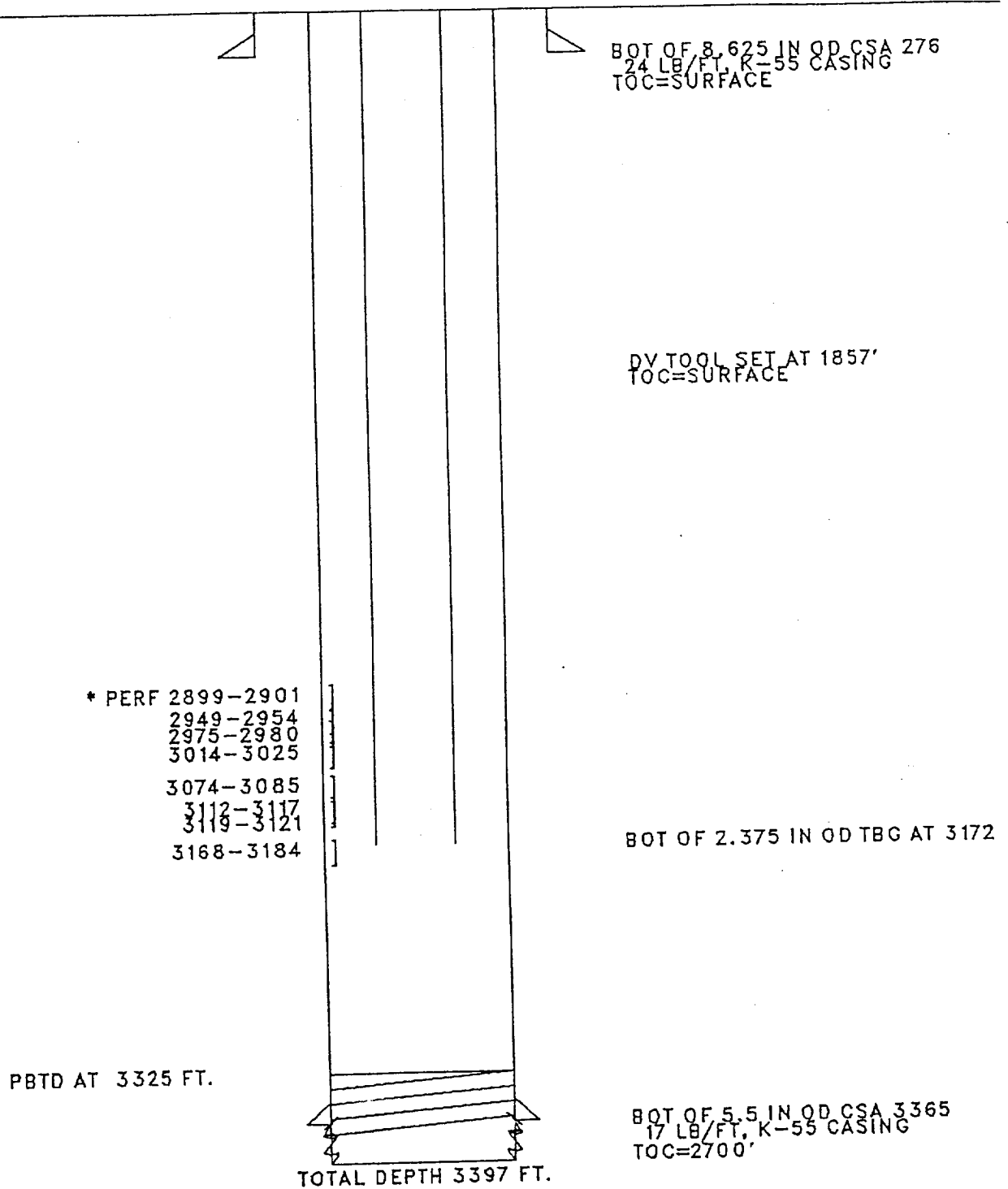
MAR 24 1992

NMOCD

**AREA 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.

BARNES GAS COM /B/ 1  
T32N R11W SEC 22,NW SE SW  
SAN JUAN COUNTY, NEW MEXICO  
GLE 6473' KB 6485'



FILENAME:  
BARNGCB1, 2/8/91

• PERFS 8J8PF 90 DEG. PHASING