

**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

<p>1. Type of Well  <input type="checkbox"/> Oil Well    <input checked="" type="checkbox"/> Gas Well    <input type="checkbox"/> Other</p> <p>2. Name of Operator  <b>AMOCO PRODUCTION COMPANY</b></p> <p>3. Address and Telephone No.  <b>P.O. BOX 800 DENVER, COLORADO 80201      303-830-5039</b></p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  <b>1180 FSL      1390 FWL      Sec. 22 T 32N R 11W      UNIT N</b></p>	<p>5. Lease Designation and Serial No.  <b>SF - 078039</b></p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No.  <b>BARNES GAS COM B      # 1</b></p> <p>9. API Well No.  <b>3004527778</b></p> <p>10. Field and Pool, or Exploratory Area  <b>Basin Fruitland Coal</b></p> <p>11. County or Parish, State  <b>SAN JUAN      NEW MEXICO</b></p>
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12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____ <input checked="" 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 REQUESTS AN ADDITIONAL 90 DAYS TO SUBMIT PLANS TO REPAIR THE ABOVE WELL.**

**RECEIVED**  
JUN 16 1997

**OIL CON. DIV.**  
DIST. 3

OIL CONSERVATION, N.M.  
97 JUN -9 PM 11:16

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

Signed *Nancy Whitaker* Title Staff Assistant Date 06-05-1997

(This space for Federal or State office use)

Approved by *AS/ Duane W. Spencer* Title \_\_\_\_\_ Date JUN 12 1997

Conditions of approval, if any: \_\_\_\_\_