Form 3160-5 (November 1983) (Formerly 9-331) UNITED STATES BUREAU OF LAND MANAGEMENT BUREAU OF LAND MANAGEMENT	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS (1) o not use this form for proposals to drill or to deepen or plug back to a different re- Use "APPLICATION FOR PERMIT—" for such proposals.)	G. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAN WELL OTHER 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
Amoco Production Company ATTN: J.E. HAMPTON 3. ADDRESS OF OFERATOR P. O. Box 800 Denver, Colorado 80201	Barnes Las Com'D'
1070'FEL, 990'FNL NE/NE	Basin Fruit land Coal 11. SEC., T., E., M., OR BLE. AND 12. SEC., T., E., M., OR BLE. AND 13. SEC., T., E., M., OR BLE. AND 14. SEC., T., E., M., OR BLE. AND 15. SEC., T., E., M., OR BLE. AND 16. SEC., T., E., M., OR BLE. AND 17. SEC., T., E., M., OR BLE. AND 18. SEC., T., E., M., OR BLE. AND 19. SEC., T., E., M., OR BLE
14. PERMIT NO. APT 30-045-27789 16. ELEVATIONS (Show whether DF, RT, CR, etc.)	Sec. 24, T32N, RIIW 12. COUNTY OR PARISH 13. STATE San Quan nm
Check Appropriate Box To Indicate Nature of Notice, I	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
FRACTURE TREAT BIIOOT OR ACIDIZE BEFAIR WELL MULTIPLE COMPLETE ABANDON* CHANGE PLANS WATER SHUT-OF PRACTURE TRE FRACTURE TRE SHOOTING OR ACIDIZE CHANGE PLANS	REPAIRING WELL ATMENT ALTERING CASING
(Other)	teport results of multiple completion on Well on or Recompletion Report and Log form.) rtinent dates, including estimated date of starting any d true vertical depths for all markers and zones perti-
Spud a $\frac{12/4}{4}$ surface hole on $\frac{5}{23} \frac{90}{90}$ at $\frac{12}{4}$	1:30 hrs. Drilled to 278
Set 8 /8 24 K55 STC surface casing 250 sx class B . Circulate Pressure tested casing to 1500 psi. Drill of 3139 on 5/26/90. Set 5/2" 17# K554 Casing at 313 . Cemented with 4305X Classification of Circulated *	d 15 BBLS to the surface ed a $7/8$ hole to a TD
Rig Released at $23:00$ hrs. on $5/26/90$.	
*DV tool Set@ 1590'; circulated 5 (1st stage) Circulated 35 BBLS (2nd stage)	BBLS off top:DV tool
circulated 35 BBLS (2nd stage)	
18. I hereby certify that the foregoing is true and correct SIGNED HAMNOW B. TITLE Sr. Staff Adm.	in. Supv. DATE 7/18/90
(This space for Federal or State office use)	ACCEPTED FOR RECORD
APPROVED BY TITLE TOTALE	
; NMOCO	JULE 2.4. 1990 FARMINGTON RESOURCE AREA
*See Instructions on Reverse Side	BY Annual Control