

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-1111  
Expires September 30, 1990

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 Coal Seam

2. Name of Operator  
AMOCO PRODUCTION COMPANY

3. Address and Telephone No.  
P.O. BOX 800, DENVER, COLORADO 80201. ATTN. JOHN HAMPTON RM 1846

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2120 FSL, 890 FWL, NE/SW, Sec. 30, T31N R9W

5. Lease Designation and Serial No.  
SF-078318A

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation

8. Well Name and No.  
Riddle Gas Com "C"

9. API Well No.  
#1

10. Field and Pool, or Exploratory Area  
Basin Fruitland Coal Gas

11. County or Parish, State  
San Juan, NM

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	<input type="checkbox"/> Change in drilling program

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1

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 see the attached revision to the drilling program changing the subject well from a top-set to a drill-thru into the picture cliffs.

RECEIVED

DEC 21 1990

COAL DIV.

10:51

RECEIVED  
MAIL ROOM  
10:51 2-01/90

Please contact Cindy Burton<sup>o</sup> (303)839-5119 if you have any questions.

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

Signed J. L. Hampton Title Sr. Staff Admin. Supr. Date \_\_\_\_\_  
(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title Ken Townsend Date \_\_\_\_\_  
Conditions of approval, if any:

NMOCD