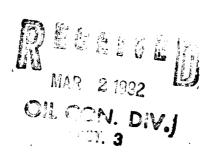
Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 11, 1001

BIIDEALLOE	LAND MANAGEMENT	Expires: March 31, 1993
DORBAU OF	LAND MANAGEMENT	5. Lease Designation and Serial No.
SUNDRY NOTICES	AND REPORTS ON WELLS	SF-078051
Do not use this form for proposals to d	6. If Indian, Allottee or Tribe Name	
Use "APPLICATION FO	PR PERMIT—" for such proposals	
. SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well		-
Oil Gas Well Other		8. Well Name and No.
2. Name of Operator		Neil A 6
Amoco Production Company Attn: John Hampton		9. API Well No.
3. Address and Telephone No.		30-045-11182
P.O. Box 800 Denver, Colorado 80201		10. Field and Pool, or Exploratory Area
4. Location of Well (Foolage, Sec., T., R., M., or Survey Description)		Blanco Meseverde
974' FNL 820' FEL Sec 33, T32N-R11w		11. County or Parish, State
		San Juan, New Mexic
•		·
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	
· ·	Recompletion	Change of Plans
Subsequent Report	Plugging Back	New Construction Non-Routine Fracturing
<u>. </u>	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
•	X Other Restored casing	Dispose Water
	integrity	(Note: Report results of multiple completion on Well
13. Describe Proposed or Completed Operations (Clearly state a	Il pertinent details, and give pertinent dates, including estimated date of starting	g any proposed work. If well is directionally drilled,
Pro apparison forestions wild incasting and this Acut	cal depths for all markers and zones pertinent to this work.)*	•
		•.

Please see attachment for procedures:



RECEIVED RECORD
BLM PFOR RECORD
019 FARMINGTON, NECES

FEB 2 8 1992

14. I hereby certify that the foregoing is true and correct Signed	Tille Sr. Staff Admin. Supv.	BY
Approved by Conditions of approval, if any:	Title	Date