

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. 142060462	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Ute	
3. ADDRESS OF OPERATOR 200 Amoco Court Farmington, NM 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1760/S 1820/E		8. FARM OR LEASE NAME Ute Indian A	
14. PERMIT NO.		9. WELL NO. 10	
15. ELEVATIONS (Show whether of, to, or, etc.)		10. FIELD AND POOL, OR WILDCAT Ute Pore PARADOX GAS	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW/SE Sec 36-32N-14W		12. COUNTY OR PARISH SAN JUAN	
13. STATE NM			

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	

(Other) Temporary Pit

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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 requests approval for a temporary pit (15'x15'x4') on the subject well. It will be used as a flow back pit for an acid job on the well. The pit will be reclaimed after operations are completed. This work will be performed this week.

- Per Steve Graham / BIA - 10 mil reinforced liner will be required as a condition of approval.

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

SIGNED <u>SA Shaw</u>	TITLE <u>Enviro. Coordinator</u>	DATE <u>9-9-91</u>
(This space for Federal or State office use)		
APPROVED BY <u>(s) Kent Hoffman</u>	TITLE <u>ACTING AREA MANAGER</u>	DATE <u>SEP 20 1991</u>
CONDITIONS OF APPROVAL, IF ANY:		

NMOCAD
*See Instructions on Reverse Side