

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 100A-1135
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

5. Lease Designation and Serial No.
NM-010989

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation

8. Well Name and No.

Fields A #22

9. API Well No.

30-045-27941

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal Gas

11. County or Parish, State

San Juan, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company ATTN: J.L. Hampton

3. Address and Telephone No.

P. O. Box 800 Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Surf 1840 FNL, 2050 FEL SW/NE "G", S.29, T32N, R11W

BHL 1840 FNL, 1650 FEL SW/NE "G" S.29, T32N, R11W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
(Directional Drill)

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.)

Per conversation Cindy Burton to Steve Mason "BLM" 8/13/90, the subject well will be directionally drilled (see above for surface and "BLM") as noted on the revised drilling and completion program. Please retain all information on this well in a "confidential" status.

- Please contact Cindy Burton if you have any questions at 830-5119.

RECEIVED

SEP 04 1990

OIL CON. DIV.
DIST. 3

CONFIDENTIAL

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

Signed J.L. Hampton/cub
(This space for Federal or State office use)

Sr. Staff
Title Admin. Supervisor

Approved by _____
Conditions of approval, if any:

Title _____

NMOCD

APPROVED

Date 8/13/90

AUG 22 1990

Ken Townsend

AREA MANAGER
FARMINGTON REGION - ARIZ.