

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
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 formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

| | | |
|---|--|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Amoco Production Company ✓ | | 8. FARM OR LEASE NAME Smith Federal Gas Com |
| 3. ADDRESS OF OPERATOR P. O. Box 3092 Houston, TX 77253 | | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F, 1650 FNL, 2310 FWL, Sec. 12 | | 10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, OR, etc.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12, 22-S, 23-E |
| | | 12. COUNTY OR PARISH Eddy |
| | | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) Additional pay and acidize <input checked="" type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) _____ | |

(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.)*

1. MOVE in and rigup reverse unit.
2. Pull out of hole with tubing.
3. Run in hole with shoe and spear and cut out baker model D packer at 7380'.
4. Run in hole with tubing and packer. Set packer at 7500' and pressure test. Open Perfs above packer at 7438' - 7464'.
5. Perforate 7560' - 7579' at 4 JSPF with thru tubing gun at 0 degrees phasing.
6. Acidize with 1500 gallons 15% NeFe HCL and displace with tubing volume plus 10 barrels of 2% KCL water.
7. Swab/Flow to test.

RECEIVED
MAR 15 10 44 AM '90
CARETAKER
AREA

I hereby certify that the foregoing is true and correct

SIGNED

Phillip W. Hill

TITLE Asst. Administrative Analyst DATE 3/13/90

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam Salameh
CONDITIONS OF APPROVAL, IF ANY:

TITLE

PETROLEUM ENGINEER

DATE

3-23-90

*See Instructions on Reverse Side