NM OIL CONS.	COMMISSION		l Budget k	humanu Na 1004 asam Zi	
TOM 3100-5 SUBMIT IN TRIPLE TE			Expires	Sureau No. 1004-0135 4 August 31, 1985	
			5. LEASE DESIG	5. LEASE DESIGNATION AND SERIAL NO. NM-0415461 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
SUNDRY NOT (Do not use this form for propo Use "APPLIC	ICES AND REPORT	IS ON WELLS plug back to a different reservoi		CTOLLES OF LEISE NYAS	
OIL CAB OTHER		FEB 2 10 26 AM 84		ENT NAME	
, NAME OF OPERATOR		005 1 1017	8. FARM OR LE	ASE NAME	
AMOCO PRODUCTION CO	MPANY	BUF		an Draw Unit	
. ADDRESS OF OPERATOR	NM 002/10	WESCELLED DI	9. WELL NO.		
P. O. Box 68, Hobbs		n any States recorder months 9	10. FIELD AND	POOL, OR WILDCAT	
See also space 17 below.) At surface		MALT 1204	1)raw Delaware	
	l Unit R	O. C. D.		M., OR BLK. AND	
660' FNL X 1980' FEL Unit B O. C. D. Sec. 19, T-22-S, R 28-E ARTESIA, OFFICE				,	
3ec. 19, 1-22-3, K				-22-28	
4. PERMIT NO.	15. ELEVATIONS (Show whet			PARISE 13. STATE	
	3073.7	GL '	l Eddy	NM NM	
6. Check A	ppropriate Box To Indica	ate Nature of Notice, Repo	ort, or Other Data		
NOTICE OF INTE	NTION TO:	·	SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPA	AIBING WELL	
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATME	INT ALTI	ERING CASING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDI	ZING X ABA	OONMENT*	
REPAIR WELL	CHANGE PLANS	(Other)(Note: Repo	rt results of multiple com	pletion on Well	
(Other) 7. DESCRIBE PROPOSED OR COMPLETED OF	المالية		r Recompletion Report and		
and pump. Tested p	retrievable brid 8136'. Acidized w Mutubing and packe Dump at 600 psi an 8-13-83. Pumped 5	ge plug, packer and ith 1600 gals 15% L r. Ran tubing and d OK. Swabbed 3 hr BO, and 288 BW in	tubing with RBI STNE HCL and add landed at 3253's. and recovere	r set at 3289 ditives. Re- . Ran rods d 9 BLW. Moved	
0+5-BLM, R 1-R. E.	Ogden, HOU Rm. 2	1.150 1-F. J. Nash	n, HOU Rm. 4.206	1-PJS 1-NMOCD	
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18. I hereby certify that the foregoing	is true and correct	Assist. Admin. A	Analyst	1-31-84	
SIGNED ACCOUNTS	TITLE		DATE _		
(This space for Federal or State of	tice tase)				
APPROVED BY	TITLE		DATE _		
CONDITIONS OF APMAYAL,	1984				
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*See Instructions on Reverse Side