

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-013  
Expires August 31, 1985

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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 ☐
2. NAME OF OPERATOR  
GEODYNE OPERATING COMPANY
3. ADDRESS OF OPERATOR  
320 S. BOSTON AVE. MEZZ. TULSA, OK 74103-3708
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FNL & 2130' FWL Unit F  
SEC. 11-T20S-K34E
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.  
NM0631
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
FEDERAL 11-20-34
9. WELL NO.  
1
10. FIELD AND POOL, OR WILDCAT  
BONE SPRING
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
11-20S-34E
12. COUNTY OR PARISH  
LEA
13. STATE  
NM

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

NOTICE OF INTENTION TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- (Other) ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETION ☐
- ABANDON\* ☐
- CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

- WATER SHUT-OFF ☐
- FRACTURE TREATMENT ☐
- SHOOTING OR ACIDIZING ☐
- (Other) PRODUCING ☒
- REPAIRING WELL ☐
- ALTERING CASING ☐
- ABANDONMENT\* ☐

(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.)\*

THIS WELL HAS RETURNED TO A PRODUCING STATUS EFFECTIVE 05/30/92.

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

SIGNED Judy M. Brought

TITLE LEAD REGULATORY ANALYST

DATE 09/18/92

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side