

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instructions
reverse side)

CATE
OR

Form approved
Budget Bureau No. 1004-0115
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.)

OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
GEODYNE OPERATING COMPANY

3. ADDRESS OF OPERATOR
320 S. BOSTON - THE MEZZANINE, 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
SEC. 11-T20S-K34E
Unit F

14. PERMIT NO _____ 15. ELEVATIONS (Show whether DF, RT, OR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
NMMN 0631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
FEDERAL

9. WELL NO.
1

10. FIELD AND POOL OR WILDCAT
Lea BONE SPRING

11. SEC., T., R., W., OR BLE. AND SUBVY 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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) SHUT IN

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 WAS SHUT IN 4/17/92 PENDING EVALUATION.

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

SIGNED *Emily M. Kucak* TITLE LEAD REGULATORY ANALYST DATE 6/2/92

(This space for Federal or State approval)
APPROVED BY *David P. Glass* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side