

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

WELL DESIGNATION AND SERIAL NO.

NM-40448
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL GAS WELL OTHER

8. FARM OR LEASE NAME

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

9. WELL NO.

3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240

10. FIELD AND POOL, OR WILDCAT

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

North Young Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

1980' FSL x 1980' FWL
(UNIT K, NE/4, SW/4)

8-18-32

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3756' GR

12. COUNTY OR PARISH 13. STATE

LEA NM

16. 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

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Name Change

SUBSEQUENT REPORT OF:
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 is to inform you that the name of the Federal "AF" Com No. 1 has been changed to the Federal "AF" No. 1.

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED David L. Gates

TITLE Administrative Analyst

DATE 16 August 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE _____

DATE _____

CONDITIONS OF APPROVAL IF ANY:

gwd
AUG 20 1985

*See Instructions on Reverse Side