

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR... DATE...

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

RECEIVED BY  
APR 12 1985  
O. C. D.  
ARTESIA OFFICE

LEASE DESIGNATION AND SERIAL NO.

LC-067858

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.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR: Amoco Production Company

3. ADDRESS OF OPERATOR: P.O. Box 68, Hobbs NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1650' FNL X 1653' FWL  
(Unit F, SE/4 NW/4)

5. LEASE OR COMMISSION: Drawn DD, Artesia, NM 88210

6. FARM OR LEASE NAME: Molco S Federal

7. WELL NO.: 1

8. FIELD AND POOL, OR WILDCAT: Chalk Bluff Wolfcamp

9. SEC., T., B., M. OR BLK. AND SURVEY OR AREA: 11-18-27

10. PERMIT NO.:

11. ELEVATIONS (Show whether DF, RT, GR, etc.): 3587' RDB

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Status Update</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

Drilled out cmt retainer to 7071 and pressure tested to 1000 psi for 30 min, OK. Drilled out and cleaned out to 7504'. Circulated clean and POH. Ran production equipment, tail pipe landed at 7432'. Began pump testing 2-23-85 Pump tested apx 20 days, last 24 hrs pumped 0 BO, 110 BW, and 0 MCF. Well is currently shut in for evaluation.

075 BLM, C 1-JRB 1-FJN 1-GCC

18. I hereby certify that the foregoing is true and correct  
SIGNED Mary C. Clark TITLE Asst. Admin. Analyst DATE 4-2-85

(This space for Federal or State office use)  
APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 11 1985

\*See Instructions on Reverse Side