

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR. CASE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-070678-A

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.)

1. OIL WELL GAS WELL OTHER DRILLING

2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY ✓

3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2310' FSL x 660' FWL Sec. 8 (Unit 8, NW 1/4 SW 1/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3388 GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME HONDO B FED GAS COM

9. WELL NO. 1

10. FIELD AND POOL, OR WILDCAT RED LAKE - PENN (EXT)

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 8-18-27 NMPM

12. COUNTY OR PARISH EDDY 13. STATE N. M.

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 checked="" 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) <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.)*

On 11-13-74, 8 7/8" OD 24# K-55 ST&C casing was set @ 2010' w/ 1100 Sx. (900 Sx Class C + 3% Gel + 100 Sx neat + 100 Sx neat w/ 2% BACL). Cement circulated - 125 Sx. After 240C 18 hours tested casing w/ 1100 psi for 30 min. Test O.K.

Reduced hole to 7 7/8" @ 2010' and resumed drilling.

RECEIVED
NOV 22 1974
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
NOV 21 1974

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

SIGNED [Signature] TITLE ADMINISTRATIVE ASSISTANT DATE NOV 21 1974

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT ENGINEER DATE NOV 22 1974

CONDITIONS OF APPROVAL, IF ANY:

014- USGS- Act
1- DIV
1- SUSP
1- RR4
1- EXXON
Box 1600

*See Instructions on Reverse Side