

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT TO DRILL
(Other instructions
verse side)
P. O. BOX 1880
ROSWELL, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	5. LEASE DESIGNATION AND SERIAL NO. NM-0450847
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 810' FSL X 1980' FWL, Unit N Sec. 13, T-9-S, R-35-E	8. FARM OR LEASE NAME Federal A
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4109' GL	10. FIELD AND POOL, OR WILDCAT Bough-Devonian
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9-35
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

Moved in service unit 11-28-83. Ran pipe and rec. log. Top of cement - 11340'. Perforated casing at 4960 with 4 JSPF. Ran in hole with cement retainer, tubing with retainer set at 4900'. Cemented with 1200 sacks class C neat cement and circulated. Pulled tubing and ran in hole with bit. DRILLED out to 5044'. Tested casing to 1200 psi and held OK. Ran in hole with tubing and packer with packer set at 11889'. Moved out service unit 12-8-83. Returned well to injection. Injected 3500 BW with TP at 200 psi in 72 hours last 24 hrs. injected 1105 BW with TP 200 psi.

0+4-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J.Nash, HOU Rm 4.206 1-PJS 1-NMOCD,A

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

SIGNED Peter J. Lema
(This space for Federal or State office use)

TITLE Assist. Admin. Analyst

DATE 12-29-83

APPROVED BY GWD
CONDITIONS OF APPROVAL MAY 8 1984

TITLE

DATE

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAY 9 1984

O.C.O.
HQBBS OFFICE