

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-077002            |  |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                        |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 68, Hobbs, NM 88240  |  | 7. UNIT AGREEMENT NAME                                      |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FNL x 1980' FWL<br>Unit F (SE/4 NW/4) |  | 8. FARM OR LEASE NAME<br>Nellis Federal                     |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>3  |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3699.7 GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Buffalo Penn Yaton        |  |
|  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>6-19-33 |  |
|  |  | 12. COUNTY OR PARISH<br>Lea                                 |  |
|  |  | 13. STATE<br>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 checked="" 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 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.)\*

Propose to: Stimulate current pay with Xylene, perf additional pay and then stimulate before moving service unit, hot oil well. MIRU SU and kill well with 2% KCL fresh water. POH with production equipment. Perf interval 3464-3478 with 4" casing gun 4 JSPF 90° or 120° phasing. RIH with RBP and packer with unloader. Set RBP at 3600 and packer at 3510. Pump 1000 gallon of Xylene into interval 3530-60 at Matrix rates. Move RBP and packer to 3520 and 3400 ft respectively. Run base GR/temp. survey. Acidize interval 3464-78 with 1400 gal 15% HCL. Add 3 gal of WA-212 and 2 gal WA-211 and 8 gal Citric acid. Run GR/Temp surv. Swb and tst interval to determine productivity. Pump 2000 gals of 30# HPG crosslinked 2% KCL fresh water and 4000# 12/20 mesh Ottawa sand. Pump at 1500 BPM. Shut-in overnight. Swb and check for sand. Once clean release RBP and packer. RIH with production equipment. RD and MOSU.

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

SIGNED

Steve D. Brownlee

TITLE

Administrative Analyst

DATE

2-2-87

(This space for Federal or State office use)

APPROVED BY

Orig: Sgd. Charles S. D. Brown

TITLE

DATE

2-9-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side