DEPARTMENT OF THE INTERIOR (Uther Instructions on Part November 1983)  DEPARTMENT OF THE INTERIOR (Uther Instructions on Part Instruction Officers on Part	AL NO.  E NAME  Vide  Exide
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to defill or to deepen or plus back to a different reservoir.  (Do not use this form for proposals to different reservoir.  (Do not use this form for proposals to different reservoir.  (I)  (I)  (I)  (I)  (I)  (I)  (I)  (I	vidl vidl vidl vidl
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plus back to a different reservoir.    Comparison	vidl vidl vidl vidl vidl
AMOCO PRODUCTION COMPANY  3. ADDRESS OF OPERATOR  P.O. BOX 68 HOBBS, NEW MEXICO 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At SUITACE  (UNIT G, SW/4, NE /4)  14. PERMIT NO.  15. SLEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  THEST WATER SHUT-OFF  PRACTURE TREAT  SHOOT OF ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acut proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept of the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept.  18. PERMIT ADDRESS OF OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acut. Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept.  18. PERMIT PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acut. Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept.  18. PERMIT PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acut. Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept.  18. PERMIT PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acut. Proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and concept.  18. PERMIT PROPOSED	cide Seide
AMOCO PRODUCTION COMPANY  3. ADDRESS OF OFERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240  4. LOCATION OF WELL (KEDOT LOCATION Clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  2310 FML x 2310 FEL  (UNIT G , 5W/4, NE /4)  14. PERMIT AO.  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OF ACIDIZE REPAIR WELL  (Other)  CHANGE PLANE  (Other)  ABANDON'  CHANGE PLANE  (Other)  COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of acture of this work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sone  ISU 10-14-85. Released packer and 10H. PIH with CI Bland set at 2450'. Alled this my to 2430' and a circum factor of the complete of the complet	edl ea)
APPOLOUS PRODUCTION COMPANY  3. ADDRESS OF OPERATOR  P.O. BOX 68 HOBBS, NEW MEXICO 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  23/0 FNL X 23/0 FEL  (UNIT G, SW/4, NE/4)  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OF PARSONS  13. STA  30-037-20043  14. Dec GAL  Notice of Intention to:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  ABANDON*  CHANGE FLANS  (Other)  17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date, including estimated date of ascet perposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and cone to this work.)  15. WATER SHOOT OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of ascet perposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and cone to this work.)  15. WATER SHOOT OF RESONANCE CONTRIBUTIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of ascet proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and cone to this work.)  15. PELO AND FOOL ON WILL TROOT OF THE STATE OF TH	edl ea)
P.O. BOX 68 HOBBS, NEW MEXICO 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  23/0 FNL X 23/0 FEL  (UNIT G, SW/4, NE/4)  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT  SHOOTING OR ACIDIZE  ABANDON*  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start nent to this work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and some supplications. Alled Tabling to 1430' and the subsurface locations and measured and true vertical depths for all markers and some supplications. Standard Advisor Action of the start of the subsurface locations and measured and true vertical depths for all markers and some supplications. Standard Advisor Action of the start of the subsurface locations and measured and true vertical depths for all markers and some supplications. Standard Advisor Action of the start of the subsurface locations and measured and true vertical depths for all markers and some supplies and sup	es)
2310 FNL X 2310 FEL  (UNIT G, 5W/4, NE/4)  11. SEC.T.R.M. NO BELR. AND  12. COUNTY OF PLRICE M.  13. SELVENTIONS (Show whether DF, RT, GR, etc.)  14. PERMIT NO.  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF  FRACTURE TREAT  MULTIPLE COMPLETE  ABANDON*  SHOOTING OR ACIDIZING  REPAIR WELL  (Other)  (Other)  (Other)  (Other)  (NOTE: Report results of multiple completion on Well Completion or Recompletion on Well Completion or Recompletion or Recompletion on Report and Log form.)  17. DESCRIBE PROPUSED OR COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sone locations and measured and true vertical depths for all markers and sone locations and measured and true vertical depths for all markers and sone locations of the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sone locations and measured and true vertical depths for all markers and sone locations and perturbed to this work.)*  BLD. Purporated 2424-36 with 451F. RIH with prod. Capip. and set at 3450'. Pulled theiry to 1430' and 4.  BLD. Purporated 2424-36 with 451F. RIH with prod. Capip. and set at 3450'. Pulled their to 1450'. Pulled t	<u> </u>
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice of Intention to:  TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OF ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertipent details, and give pertipent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone leaves to this work.)*  18. Perforated 2424-36 with 4SPF. RIH with prod.cquip. and set packer at 2371. Pressure feeted puckering 1000 psi-ok. Stimulated with 15 Tone CO2. MOSU 10-18-85 and flow feeted 68/21	<u> </u>
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Notice of Intention to:  TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OF ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertipent details, and give pertipent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone leaves to this work.)*  18. Perforated 2424-36 with 4SPF. RIH with prod.cquip. and set packer at 2371. Pressure feeted puckering 1000 psi-ok. Stimulated with 15 Tone CO2. MOSU 10-18-85 and flow feeted 68/21	- -
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBBEQUENT REPORT OF:  SUBSTITUTE OF:  SUBBEQUENT REPORT OF:  SUBBEQUENT REPORT OF:  SUBSTITUTE OF:  SUBST	
TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OE ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sone 154 10-14-85. Released packer and 10H. RIH with CIBP and set at 3450'. Palled their to this work.)  154 10-14-85. Released packer and 10H. RIH with prod.cquip. and set packer at 2371'. Pressure feeted packer in 1000 psi-ok. Stimulated with 15 Tone CO2. MOSU 10-18-85 and flow feeted 68/21	7
FRACTURE TREAT  SHOOT OF ACIDIZE  REPAIR WELL  (Other)  The script of multiple completion on Well  (Other)  (Other)  (Other)  (Other)  (Other)  (Note: Report results of multiple completion on Well  Completion of Recompletion Report and Log form.)  (Other)  (Other)  (Other)  (Note: Report results of multiple completion on Well  Completion of Recompletion Report and Log form.)  (Other)  (Note: Report results of multiple completion on Well  Completion of Recompletion Report and Log form.)  (Other)  (Note: Report results of multiple completion on Well  Completion of Recompletion Report and Log form.)  (Other)  (Note: Report results of multiple completion on Well  (Note: Report results of multiple co	
SHOOT OF ACIDIZE  REPAIR WELL  (Other)	_
(Other)  (Other)  (Other)  (Other)  (Other)  (Other)  (Note: Report results of multiple completion on Weil 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 start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone and 10-14-85. Released packer and 10H. RIH with CIBP and set at 3450'. Pulled the bury to 2430' and 2450'. Pulled the bury to 2430' and 2500'. Pulled the bury to 2430'	_
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15. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone 15.4 10-14-85. Released packer and 10H. RIHarith CIBP and set at 3450'. Pulled tubing to 2430' and 28. Perforated 2424-36' with 45PF. RIHarith prod.cquip. and set packer at 2371'. Pressure tested packing 1000 psi-ok. Stimulated with 15 Tone CO2. MOSU 10-18-85 and flow tested 68/21	
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it 24 hre flowed IMCFD. Shut in well to evaluate additional work,	rs.
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0 + 5 BLM R , 1 - JRB , 1 - FJN , 1- CMH /2-BDCDGU Dist List  18. I horeby certify that the foregoing is true and correct	
SIGNED Jacke Mr. Larry TITLE Administrative Analyst (SG) DATE 11/1/85	
(This space for Federal or State office use)  ACCEPTED FOR RECORD	
APPROVED BY	
NOV 1 2 1985	
*See Instructions on Reverse Side	
BUREAU OF LAND MANAGEMENT	
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of United States any faise, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	