

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME State Federal Gas Com
3. ADDRESS OF OPERATOR P.O. Box 3092 Houston, TX 77042	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1810' FNL x 790' FWL, Sec 28	10. FIELD AND POOL, OR WILDCAT Empire Pennsylvanian Gas
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28-17S-28E
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3623' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED

MAY 30 '89

O. C. D.
ARTESIA, OFFICE

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)	Workover to add Morrow pay X		

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)			

(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.)

Workover to add Morrow pay:

1. Rig up mast truck and install lubricator.
2. Run a gauge ring to check tubing/seating nipple clearance. Tag PBTD. Tubing is 2 3/8" with a 1 25/32" seating nipple.
3. Perforate with thru tubing gun at 4 JSF the intervals 9978'-9988, 10064'-10070' and 10077'-10098'. Existing perfs are 10033'-10047' and 10054'-10062'. Note any increase in pressure during perforating. Use a decentralized, retrievable gun at 0 degree phasing. Correlate to Schlumberger formation density log of 4-24-72.
4. Flow to test. If well will not flow, RL swab unit and swab to test.
5. Return to production.

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

SIGNED Amelia Hartman TITLE Asst. Admin. Analyst DATE 5-19-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side