

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. THE
(Other instructions on re-
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Amoco Production Company ✓			
3. ADDRESS OF OPERATOR P. O. Box 3092 Houston, TX 77253			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit J, 1650 FSL and 2310 FEL			
14. PRODUCTION API # 3001520937		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3492' RDB	
5. LEASE DESIGNATION AND SERIAL NO. LC-067849		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Hondo Fed Gas Co.	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT East Logan Draw Wolfcamp	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-17S-27E		12. COUNTY OR PARISH Eddy	
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"/>		<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) Abandon Morrow	<input type="checkbox"/>		<input checked="" 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.)

6/6/90: Move in and rig up service unit. Pump 40 bbl. down tubing and 15 bbls to load casing. Release packer.
6/7/90: Finish laying down 2-3/8" tubing and packer and van guns. Run pipe recovery log from 8400' to 5700'.
6/8/90: Run 5-1/2" cast iron bridge plug and set at 9250' and cap with 35 ft. of cement. Perf 6830 - 31' with 4 shots; run Watson 5-1/2" arrow set and tubing and packer set at 6782'. Pump 20 bbls. water down 5-1/2" casing.

Adm

RECEIVED
NOV 16 11 55 AM '90
CARLISLE
AREA
OFFICE

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

SIGNED Philip W. Hill

TITLE Asst. Admin. Analyst

DATE 11/12/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side