

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE
(Other instructions on reverse 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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM - 0555569
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. box 68 Hobbs, NM 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface 1980' FNL x 2180' FEL (Unit G, SW/4, NE/4)	8. FARM OR LEASE NAME Empire South Deep Unit
14. PERMIT NO.	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, R, or M) 3640' GL	10. FIELD AND POOL, OR WILDCAT South Empire Morrow
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 31-17-29
	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 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 perforate additional pay and stimulate as follows:

Move in service unit and load tubing with fresh water containing 2% KCl. Release packer and pull tubing, packer, tailpipe, and Vann guns out of hole. Run casing collar log w/gamma ray log from 10400-10900'. RIH with a cast iron bridge plug and set at 10760' by wireline. RIH with a 3 1/8" hollow carrier casing gun and perf the Morrow intervals, 10510-16', 10592-10600', 10666-82', and 10687-10708' w/4 JSPF. RIH 3 jts 2 3/8" N-80 tailpipe w/a 1.81" F nipple one joint off bottom, an 8000 psi shear disc assembly on bottom, 5 1/2" packer w/on-off tool w/1.87" F profile above packer. Set packer at 10320' RIH 2 3/8" N-80 tubing to surface. Drop bar to shear disc and flow test well. If well will not flow stimulate as follows:

Run GR/Temp survey from 10760-10300'. Pump 6,000 gal 7 1/2% HCl w/additives and 3000 gal CO₂ in 2 equal stages. Flush acid to bottom perf with 1000 gal of fresh 2% KCl water plus 1000 gal CO₂. Run after treatment GR/Temp survey from 10760-10300'. Move off service unit. Supplemental brief will follow.

0+5 BLM, C 1 - J. R. Barnett, Hou I- F. J. Nash, Hou 1 - GCC

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

SIGNED Harry C. Clark TITLE Ass't Adm. Analyst

DATE 5/1/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

MAY 4 '84
P. R. Pritchett
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side