N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: ~~NM-025604~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

NM025604

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR: Amoco Production Company

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8. FARM OR LEASE NAME: AMOCO "G" Federal

9. WELL NO.: 2

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

660' FNL x 660' FWL Sec. 10 (UNIT D, NW/4 NW/4)

10. FIELD AND POOL, OR WILDCAT: EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 10-18-27 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3528' R.D.B.

12. COUNTY OR PARISH: EDDY

13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(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.)*

Restored well to production after acidizing perforations 5700-20' w/ 1000 gal 15% LSTNE.

Prior - Well died
after - Flw 170 BO + 0 BW 24 hrs. 24/64" Ck GOR 800, 136 MCFG
TPF- 800.

OC- 9-2-72
COMP- 9-5-72

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 9-7-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 14 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side