

RECEIVED BY DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

MAR 13 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.)

O. C. D.

1. OFFICE

ARTESIA, OFFICE

2. NAME OF OPERATOR

Amoco Production Company ✓

3. ADDRESS OF OPERATOR

P.O. Box 68, Hobbs NM 88240

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

At surface

1650' FNL X 1653' FWL

(Unit F, SE/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3587' RDB

5. LEASE DESIGNATION AND SERIAL NO.

LC-067858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Malco S' Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Chalk Bluff Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

11-18-27

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

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☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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☐
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(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.)*

This is to inform you that production from pump testing began on the Malco S' Federal No. 1 2-26-85. Produced 9 BO, 150 bbl/w, and 0 gas. The subject well is currently being recompleted from the Morrow to the Wolfcamp.

0+5 BLM, R 1-JRB 1-FJN 1-GCC CC-BLM, C

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

SIGNED

Gary C. Clark

TITLE

Asst. Admin. Analyst

DATE

2-27-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 12 1985

*See Instructions on Reverse Side