

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-070678-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. **RECEIVED**

OIL ☐ WELL GAS ☐ WELL OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company ✓

OCT 16 1974

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

O. C. C.

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

2310' FSL X 660' FWL Sec. 8 (UNIT L, NW/4 SW/4)

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hondo B Fed. Gas Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Redlake - Penn

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

8-18-27 NM PM

12. COUNTY OR PARISH 13. STATE

Eddy

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Request reinstatement of Application for Permit to Drill
which expired 10-8-74

The building of road & location is expected to commence within
the near future. Arig will be moved on as soon as available.

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

SIGNED

E. A. Jackson

TITLE AREA ADMINISTRATIVE SUPERVISOR

DATE

10-11-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

THIS APPROVAL IS RESCINDED IF OPERATIONS
ARE NOT COMMENCED WITHIN 3 MONTHS.
EXPIRES JAN 15 1975

DATE

*See Instructions on Reverse Side

RECEIVED

OCT 15 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

OCT 15 1974

ACTING DISTRICT ENGINEER

045-USGS-ART

1-Div
1-Susp
1-RRY