

NMOCC COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Copy to SF

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-058580

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.)

RECEIVED

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Drawer A, Levelland, Texas 79336 O. C. C. ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL x 2010' FEL (Unit G, Sec. 5, SW/4 NE/4)

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME
Empire South Deep Unit

8. FARM OR LEASE NAME
Empire South Deep Unit

9. WELL NO.
14

10. FIELD AND POOL, OR WILDCAT
South Empire Morrow

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
5-18-29

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 type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Reperfed existing zone	<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.)*

Reperforated existing zone using hyperdome II scallop decentralized gun. Perfed 4 SPF as follows: 10736'-45', 10766'-76', and 10792'-10803'. Well was tested, swabbed, and returned to production.

RECEIVED

DEC 1 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Randy Atkins TITLE Staff Assistant (SG) DATE 11-29-77

(This space for Federal or State office use)

APPROVED BY Joe J. Lora TITLE ACTING DISTRICT ENGINEER DATE DEC 5 - 1977

CONDITIONS OF APPROVAL, IF ANY:

- 0 & 4-USGS-Art.
1-Div.
1-Susp.
19-Partners
1-RC

*See Instructions on Reverse Side