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Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE		RECEIVED
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		APR 20 1993
2. Name of Operator Amoco Production Company		C. C. D.
3. Address and Telephone No. P. O. Box 3092, Houston, TX 77253 (713) 584-7362 Rm. 17148		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FEL x 1980' FNL Unit G Sec. 7, T-18-S, R-29-E		
		5. Lease Designation and Serial No. LC-028772D
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA, Agreement Designation
		8. Well Name and No. Empire So. Deep Unit #16
		9. API Well No. 30-015-22241
		10. Field and Pool, or Exploratory Area Empire Morrow, South
		11. County or Parish, State Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Sump	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Fiberglass Double wall sump (4'x4'x4') - 480 gallon monitored daily.
Automatic pumps to storage tank.

RECEIVED
MAR 15 10 47 AM '93
CARR
AREA 1
CT
HS

14. I hereby certify that the foregoing is true and correct		
Signed <u>Karl McJannet</u>	Title <u>Staff Admin. Analyst</u>	Date <u>3-10-93</u>
(This space for Federal or State office use)		
Approved by <u>John J. Salas</u>	Title <u>Supervisor</u>	Date <u>4-16-93</u>
Conditions of approval, if any		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side