

### 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b>  <b>AUG 06 1984</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 68, Hobbs, New Mexico 88240</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b> <b>700' FSL X 990' FWL Sec. 11</b> <b>(Unit M, SW/4SW/4)</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3546' GR</b>

5. LEASE DESIGNATION AND SERIAL NO. <b>NM-29272</b>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <b>Federal DH Gas Com</b>	
9. WELL NO. <b>1</b>	
10. FIELD AND POOL, OR WILDCAT <b>Wildcat - Ellensburg</b>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>11-18-27</b>	
12. COUNTY OR PARISH <b>Eddy</b>	13. STATE <b>NM</b>

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) <input type="checkbox"/>	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Remedial work</u> <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.)\*

Tested BOP to 5000 psi, tested OK and resumed drilling. Ran Gyroscope survey from surface to 6480'. Ran steering tool to correct deviation. Drilled to 7729', and spotted 20#/bbl LCM pill. TOH and laid down tools, TIH to 6902' and pumped 80 bbls 18#/bbl LCM pill. Lost returns at 8377' and pumped 150 bbl 16#/bbl LCM pill #1. No returns while drilling to 8395', pumped 200 bbl 15#/bbl LCM pill #2. 75% returns to 8402', pumped 250 bbls 17#/bbl LCM pill #3. Lost full returns at 8411' and dry drilled to 8700'. Spotted 250 bbls 25#/bbl LCM pill. WO LCM pill and unable to load hole, pumped 250 bbl 30#/bbl LCM pill, no returns. Pumped 600 bbls FW and TOH. TIH with open ended drill pipe to 8290' and pumped 120 bbl FW, 15 bbl Diesel, 100 sx class H, 100 sx bentonite, 10 bbl diesel and 12.5 bbl FW. WOC and loaded hole with 55 BFW, regained full returns. Tested squeeze to 250 psi, did not hold. Drilled to 8814' losing apx 8-25 bbl/hr. No returns, pumped 200 bbls 30#/bbl LCM pill #1. WO pill and unable to load hole. Pumped 200 bbl 53#/bbl LCM pill #2. Returns for 2 min then no returns, mixed 200 bbls 26#/bbl LCM pill. Drilled with no returns to 8877'. TIH with open ended drill pipe to 8164' and pumped 150 sx class H cement, 150 sx bentonite, and 75 bbl diesel. Drilled out and tested squeeze, did not hold. TIH with open ended drill pipe and pumped 405 sx thick set class H cement. Displaced with 104 bbl mud. Drilled to 9059' losing apx 17 bbl/hr and spotted 60 bbl LCM pill. Started losing at 9876', drilled to 9895' with 5% returns. Pumped 250 bbl 19#/bbl LCM pill and got 30% returns. Pumped 2nd 250 bbl 20#/bbl LCM pill and regained 0+5-BLM, C 1-J. R. Barnett; HOU rm. 21.156 1-F. J. Nash, HOU Rm 4.206 1-GCC 1-Yates 1-ARCO

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

SIGNED Mary C. Clark TITLE Assist. Admin. Analyst DATE 8-1-84

(This space for Federal or State office use.)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY

**AUG 3 1984**

\*See Instructions on Reverse Side

Artesia, NEW MEXICO

full returns. Lost 60% returns at 9995' and pumped 3rd 250 bbl 20#/bbl LCM pill. Mixed 250 bbl 30#/bbl LCM pill and regained circulation after pumping 35 bbls. RIH with RTTS packer, set at 2128' and tested casing to 1000 psi for 30 min, held OK. POH with packer and tested BOP to 5000 psi, held OK. Drilled to TD of 11915', currently logging and evaluating.