

UNITED STATES COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM-8210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

C/SF

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 purposes.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY SEP 12 1984 O. C. D. ARTESIA, NEW MEXICO	5. LEASE DESIGNATION AND SERIAL NO. NM-29272
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 700' FSL X 990' FWL Sec. 11 (Unit M, SW/4 SW/4)		8. FARM OR LEASE NAME Federal DH Gas Com
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3546' GR	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat Silurian
		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 11-18-27
		12. COUNTY OR PARISH 13. STATE Eddy 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 checked="" type="checkbox"/>

(Other) Test Silurian

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) (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.)*

Propose to abandon the Ellenburger and test the Silurian as follows:

Kill well with brine water. POH with tubing and packer. RIH with CIBP, set at 11640' and cap with 35' class H cement. Perforate the Silurian interval 10774'-792' with 4 DPJSPF using a 3-1/8" gun. RIH with 3 jts of tailpipe, packer, and tubing. Set packer at 10580', swab and flow test well. Run base GR/Temp survey from 10500'-10900' and pump 1000 gals 15% NEFE HCL acid with additives. Flush acid to perf with 45 bbls brine water. Run after acid treatment survey from 10500'-10900'. Tag all acid with R/A material. Swab and flow test well.

0+5- BLM, C 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC 1-ARCO 1-Yates

I hereby certify that the foregoing is true and correct

SIGNED Mary C. Clark

TITLE Assist. Admin. Analyst

DATE 8-31-84

(This space for Federal or State office use)

APPROVED BY Don Wood

TITLE AREA MANAGER
CARLSBAD RESOURCE AREA

DATE 9-11-84

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side