<del>-</del>		· · ·			•					
Form 3160-5 November 1983) Formerly 9-331)	UNITED STATES  GUBMIT IN TRIPLICATES  DEPARTMENT OF THE INTERIOR verse side)					Budget Bureau No. 1004-0135 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.				
. Officity 9–331)						U. LEASE	DESIGNATIO	ZB GNA NO	RIAL NO.	
			OF LAND MANAGEMENT				8. IF INDIAN, ALLOTTER OR TRIBE NAME			
		ICES AND F		back to a different	reservoir.		ALLOY	LEK OK TE	IBE NAME	
OIL GAB WELL OTHER							7. UNIT AGREEMENT NAME			
2. NAME OF OPERATOR FEB -1 '90							8. FARM OR LEASE NAME			
Amoco Production Company 3. ADDRESS OF OPERATOR							Federal-DH-Gas Com			
P. O. Box 3092, Houston, TX 77253  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirementals, OFFICE						1				
See miso shace it bei	Report location c ow.)	learly and in accor	dance with any	State require <b>ace</b> nts	M, OFFICE	L .	D AND POOL,			
At surface						1	gins Dra			
700' FSL X 900' FWL (Unit M, SW/4 SW/4)							11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
14. PERMIT NO.	<del> </del>	15. ELEVATIONS (	Show whether by	F, RT, GR, etc.)		1	1/18/27	BH 13. 5	TATE	
		3546.01	GR			i	ldy	NM	1115	
16.	Check Ap	propriate Box 1	o Indicate N	Nature of Notice	, Report, or C	Other Dat	a	!		
	NOTICE OF INTEN			Ī		UBNT REPOR				
TEST WATER SHUT-O	FT	CLL OR ALTER CAS	ING	WATER SHU	T-0FP	7	EEPAIRING	WELL.		
FRACTURE TREAT		IULTIPLE COMPLETI	е	FRACTURE T	REATMENT		ALTERING			
SHOOT OF ACIDIZE	'	BANDON*	<u> </u>	SHOOTING O	L		ABANDONM	ENT*		
REPAIR WELL		HANGE PLANS		(Other) M					X	
(Other)  17. DESCRIBE PROPOSED O proposed work. If				Comul	: Report results	letion Kena	rt and i.co t	OPm )		
12/11/89 Move pressure clos and install I test 8000PSI	sed slight blowout pro	blow. Load eventer and	d tubing v	with 36 barr	els of wa	ter and	remove	tree	_	
							# 0 # 25 # 114 # 124	C.	REO.	
	ACCEPTED FOR REG									
				JAN	2 9 1990		O CO	0S. ##	ED	
				CARLSBAD,	NEW MEX	(ICO			æ	
8. i hereby certify that	the foregoing is	true and correct								
SHILLED	ow.A	20	TITLE ASS	st. Admin. A	nalyst	DA1	o1/15	5/90		
(This space for Feder	al or State office	nae)				DAT				
	J. Same ome									

\*See Instructions on Reverse Side

APPROVED BY \_\_\_\_\_\_\_CONDITIONS OF APPROVAL, IF ANY: