

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

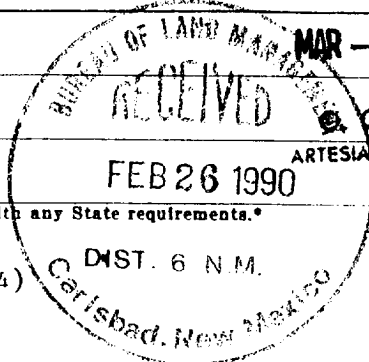
458

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

(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"/>		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 3092 Houston, TX 77253		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 (Unit M. SW/4 SW/4)		8. FARM OR LEASE NAME Federal DH Gas Com.	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Scoggins Draw Morrow	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3546.C' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11/18/27	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Recompletion</u>	<input checked="" type="checkbox"/>
(Other) <input 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.)\*

Moved rig on 12/11/89. Load tubing with 368 BW rotary tool and install blowout preventer and released packer. Set packer @ 9627'. Run shifting tool on wireline to 9655' and release Vann guns and run wireline to 10,000' and pull out of hole. Perfed with 1-9/16" guns: 9789-9895, 9835-9846. Install tree saver and pump 88 bbl of mud down casing. Acidized down tubing with 2000 gal. 7-1/2% MS acid and 150 ball sealers. Flush with 41 BW.

Shut well in and rig down service unit 01/04/90.

Unsuccessful recompletion to the Morrow.

Well is presently shut in.

ACCEPTED FOR RECORD

*Asst*

MAR 7 1990

CARLSBAD, NEW MEXICO

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

SIGNED

*Philip W. Hill*

TITLE Asst. Admin. Analyst

DATE

2/20/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side