

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Lease Designation & Serial No.

NM-29272 (COMM # 84C409)

If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Unit Agreement Name

Oil Well ☐ Gas Well ☒ OtherName of Operator
AMOCO PRODUCTION COMPANYFarm or Lease Name
FEDERAL DH GAS COMAddress of Operator/Telephone No. (713) 596-7614
P.O. BOX 3092
HOUSTON, TX 77253

Well No. 1

Field and Pool
SCOGGINS DRAW MORROWLocation of Well 700'FSL X 990'FWL
BHL: (UNIT M, SW/4, SW/4)Sec. T., R., M., or BLK
11-18-27

API No. 3001524857 Elevation 3546.0' GR

County EDDY State NM

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"/>	Alter Csg	<input type="checkbox"/>	Water Shut Off	<input type="checkbox"/>	Repair	<input type="checkbox"/>
Fracture Treatment	<input type="checkbox"/>	Mult Comp	<input type="checkbox"/>	Fracture Treatment	<input type="checkbox"/>	Alt Csg	<input type="checkbox"/>
Shoot/Acidize	<input type="checkbox"/>	Abandon	<input type="checkbox"/>	Shoot/Acidize	<input type="checkbox"/>	Abandon	<input checked="" type="checkbox"/>
Repair Well	<input type="checkbox"/>	Chg Plans	<input type="checkbox"/>	(Other)	CORRECTION TO MMS RECOR		<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>						

Describe Proposed or Completed Operations:

THE FEDERAL /DH/ WAS UNSUCCESSFULLY RECOMPLETED FROM THE STRAWN DOWN TO THE MORROW FORMATION 12-14-89.

A PACKER WAS PLACED BETWEEN THE STRAWN FORMATION AND THE MORROW. THE STRAWN PERFS WERE SHUT IN ON THE BACKSIDE (THE PERFS WERE NOT SQUEEZED). RAN TUBING DOWN THROUGH THE PACKER AND INTO THE MORROW FORMATION. DUE TO THE POOR SHOWING OF GAS THE MORROW FORMATION WAS SHUT IN. AT PRESENT THE WELL IS SHUT IN PENDING ADDITIONAL FUTURE WORKOVER OPERATIONS.

THE MMS SHOULD SHOW THE FOLLOWING:

	FORMATION	API #
FEDERAL DH GAS COM #1	STRAWN	30-015-24857-00-S1
FEDERAL DH GAS COM #1	MORROW	30-015-24857-00-D2

RECEIVED

JUL 27 '90

O. C. D.
ARTESIA, OFFICEJUL 23 10 29 AM '90
CARLOS
AREA

RECEIVED

I hereby certify that the foregoing is true and correct

Signed Greg W. W. W. Title AA ANALYST Date 07-19-90
(This space for Federal or State office use)

Approved By _____ Title _____ Date _____
CONDITIONS OF APPROVAL, IF ANY: None