

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. TE*
(Other instructions on re-
verse side)

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

dsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Amoco Production Company		JUL 12 1991	
3. ADDRESS OF OPERATOR P.O. Box 3092, Houston, TX 77253		O. C. D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 835' FNL X 710' FWL		5. LEASE DESIGNATION AND SERIAL NO. NM-33437	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME PMS 8 Federal	
		9. WELL NO. 5	
		10. FIELD AND POOL, OR WILDCAT Shugart Bone Springs, North	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-18-S, R-31E, NMPM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668.8	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 checked="" type="checkbox"/>	(Other) <u>Change Plans</u>	(Other) <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.) *

Rig orientation adjusted so that V-door facing East.

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

SIGNED <u>Kim A. Chinn</u>	TITLE <u>Asst. Admin. Analyst</u>	DATE <u>7/1/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>7/11/91</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side