

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR.
(Other instruction
verse side)

DATE*
on re-

Form approved.
Budget Bureau No. 1004-01350
Expires August 31, 1985

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME PMS 8 Federal
3. ADDRESS OF OPERATOR P. O. Box 3092, Houston, TX 77253	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 835' FNL X 710' FWL	10. FIELD AND POOL, OR WILDCAT Shugart Bone Springs, North
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 8, T-18-S, R31E, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3668.8	12. COUNTY OR PARISH Eddy
	13. STATE NM

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 type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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) Spud Date	<input type="checkbox"/>		<input checked="" 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.) *

Spud 7/9/91 17-1/2" hole.

Rigged up casing tools & ran 11 joints of 13-3/8" 54.5# K55 Buttress and set casing at 425'

Cement w/500 sacks Class C cmt w/2% CACL2 & .25 lb/sx cello flake. Circulate 4 bbls cmt to pit.

I hereby certify that the foregoing is true and correct

SIGNED Kim A. Colvin
(This space for Federal or State office use)

TITLE Asst. Admin. Analyst

DATE 7/10/91

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

1991

*See Instructions on Reverse Side

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