

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM 33437

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P. O. Box 3092 (Rm 17.182) Houston, TX 77253-3092 (713) 596-7686

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**835' FML and 710 FML, Unit Letter D
Section 8, T-18-S, R-31-E**

7. If Unit or CA, Agreement Designation

8. Well Name and No.

PMS 8 Federal Well No. 5

9. API Well No.

30-015-26765

10. Field and Pool, or Exploratory Area

Shugart Bone Springs North

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **Treating Paraffin Buildup**

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

**Dump approximately 30 bbls condensate from our Greenwood Unit Federal /Penn/ #11
down the tubing to treat for paraffin building.**

Submit C-103 and C-126 as applicable with NMOCB.

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

Signed *Nancy M. Prince*

Title **Staff Assistant**

Date **6-23-93**

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See instruction on Reverse Side