

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

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"/>   | 7. UNIT AGREEMENT NAME  |
| 2. NAME OF OPERATOR<br>Amoco Production Company  | 8. FARM OR LEASE NAME<br>PMS 8 Federal  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 3092, Houston, TX 77253  | 9. WELL NO.<br>6  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1930' FNL X 2032' FWL | 10. FIELD AND POOL, OR WILDCAT<br>Shugart Bone Springs, North                     |
| 14. PERMIT NO.   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 18, T-18-S, R31E<br>NMPM |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>3688.4   | 12. COUNTY OR PARISH 13. STATE<br>Eddy NM   |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Spud Date

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 6/19/91 17-1/2" hole. Drill to 429' & TD for surface hole

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

SIGNED

*Lynn A. Colman*

TITLE Asst. Admin. Analyst

DATE

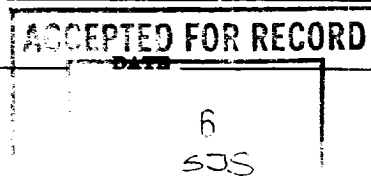
6/18/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side