

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-33437
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 3092, Houston, TX 77253 Rm. 17.182	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL x 540' FLL (Unit H, SE/4, NE/4) Sec. 8, T-18-S, R-31E	8. Well Name and No. PMS 8 Federal #8
	9. API Well No. 30-015-26957
	10. Field and Pool, or Exploratory Area Shugart Bone Springs, North
	11. County or Parish, State Eddy, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Spud & set casing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well spud 3/7/92

Drilled to 422'. Ran 13.625", 54.5# casing. Cemented with 500 SX class 'C' cmt and 2% CACL2. Circulated 95 sxs cmt to pit. WOC 20 hrs.

Drilled to 216'. Ran 50 joints 8.625", 32#, K-55, LT&C casing. Casing set at 2162'. Cemented casing w/ 1100 sx class "C" poz at 65:35 w/ 2% gel, 12.5#/sk salt, 2% CACL, 0.25#/sk cellolake. 200 sx class "C" w/2% CACL. Circulated 129 sx cmt. WOC 18½ hrs. Tagged cmt at 4020'. Tested csg to 1000# for 30 min. - test OK.

TD at 8620'. Ran 202 joints 17#, K-55, LT&C casing. Casing set at 8620'. Cemented casing with 1200 sx class 'H' at 65:35 poz. Tail in with 350 sx class 'H'.

Rig released 3/29/92.

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

Signed Kim A. PalmerTitle Asst. Administrative AnalystDate 4/3/92

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any, _____