

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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

25P

LEASE DESIGNATION AND SERIAL NO.

LC-029392(a)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY JAN 19 1987 O. C. D.	6. LEASE DESIGNATION AND SERIAL NO. LC-029392(a)
2. NAME OF OPERATOR Amoco Production Company		8. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.* See also space 17 below.) At surface 1980 FNL x 1980 FEL Unit G (SW/4 SW/4)		8. FARM OR LEASE NAME Greenwood Unit Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632' GL	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Wildcat Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34, 18, 31
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<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 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.)\*

MIRU-SU 12-4-86. Install BOP and POH production equip. RIH w/CIBP. Could not get CIBP deeper than 6237'. POH and shut-in overnight. RIH w/bit, scraper to 8100 ft. POH. RIH w/ CIBP and set at 8000 ft. Circulate hole w/10# brine water, 25# gel/bbl. Cap CIBP w/35 ft cement and pull up to 6471 ft. Spot 32 sx Class H cement to 6318 ft. Pull up to 5471 ft and spot 32 sacks Class H cement to 5318 ft. POH. RIH w/perf gun and perf 3447-3448. Could not pump into perfs. Run pipe recovery log from 3500 ft to 2000 ft. Pipe 20% stuck at 3220' to 3250. POH and perf w/4" casing gun 4 SPF 3100-3101 ft. Establish circulation 2-1/2 BPM at 500#. Pump 1075 sacks Class H cement. Circulate 40 sacks cement. Dig out cellar. Cut off wellhead and weld on PxA marker. Fill in cellar. RD-MOSU 12-10-86.



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

SIGNED Steve Brownlee TITLE Admin. Analyst DATE 12-15-86

(This space for Federal or State office use only)

APPROVED BY Acting Area Manager TITLE  DATE 1-14-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Post ID-2  
1-2-87  
14A