

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
SUBMIT IN TRIPLICATE
Other instructions on
reverse side
Artesia, NM 88210

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

elSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back or to change the nature of a proposal. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL x 660' FNL
(UNIT E, SW/4, NW/4)

14. PERMIT NO.
30015-1011100?

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3642' KB

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O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC-029392-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hinkle Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Shugart-DeLauro

11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
27-18-31

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"/>
SHOOT 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 checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input 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.)*

MISU 6-19-86 and POH w/ production equipment. RIH w/ bit and scrapers to 5090'. Spotted 200 gals 10% acetic and POH. Perforated 4926-38', 4975'-5002', 5022'-30', 5042'-48', 5052'-56' w/ 4 JSPP. RIH w/ packer and set at 4801'. Fractured well with a total of 10,000 gals of 40# HPG gel crosslinked 2% KCl and 24,000 # of 12/20 Ottawa sand. Clean out to 5090' and ran rods and pump. MISU 6/27/86 and Pump tested. Operations completed 7/2/86.

PPWD: 4BOPD x 1BWPD x OMCFA.
PAWD: 14BOPD x 31BWPD x OMCFA.

ACCEPTED FOR RECORD

JUL 9 1986

CARLSBAD, NEW MEXICO

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - CMH

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

SIGNED Charles M. Herring TITLE Administrative Analyst (SG) DATE 7/3/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side