

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 88210

Form approved. 0184  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. LC-029392-b
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSLX 660' FWL, Sec. 27 (Unit L, NW/4, SW/4)	8. FARM OR LEASE NAME Greenwood Pregrayburg Unit Fed.C. Com
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3614.3' GL	10. FIELD AND POOL, OR WILDCAT Shugart
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-18-31
	12. COUNTY OR PARISH Eddy
	13. STATE NM

BUR. OF LAND MGMT  
ROSWELL DISTRICT

RECEIVED BY

JAN 26 1984

O. C. D.  
ARTESIA, OFFICE

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) commingle	

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 type="checkbox"/>
(Other)	

(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.) \*

Propose to downhole commingle the Atoka and Morrow formations as follows:

Move in service unit and kill well with 2% KCL BW. Release packer and pull up 2 jt. Do not set packer. Swab & flow test to place Morrow and Atoka on production. Perforate morrow intervals 11509'-512' and 11743'-45' with 2 DPJSPF. Return well to production.

0+5-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J.Nash, HOU Rm 4.206 1-PJS 1-NMOCD,A

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

SIGNED Peter J. Serna TITLE Assist. Admin. Analyst DATE 12-30-83

(This space for Federal or State Approval)

APPROVED BY (Off. Sec.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

TITLE SUBJECT  
APPROVED BY STATE

JAN 25 1984

\*See Instructions on Reverse Side