

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

FORM 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

NOV 18 1996

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No. (713) 366-7337

Attn: T G Tullos, 17.166, P O Box 4891, Houston, TX 77210

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Letter L, 1980 FSL x 660 FWL, Section 27, T-18-S, R-31-E

5. Lease Designation and Serial No.

LC029392B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SRM1403

8. Well Name and No. Greenwood

Pre-Grayburg Unit Federal

9. API Well No. -C- Com No. 1
30-015-22601

10. Field and Pool, or Exploratory Area

Shugart-Morrow-Atoka

11. County or Parish, State

Eddy, NM

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

| TYPE OF SUBMISSION | TYPE OF ACTION |
|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input 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 <u>determine reservoir pressure</u> |
| | <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 locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Determine reservoir pressure as per attached static gradient program.

If Morrow is not depleted, then we will attempt the workover approved 11/14/94 by your office.

If Morrow is depleted, then Amoco will attempt to recomplete to either the Bone Springs or Delaware formations.

Further Sundry Notices will forwarded as necessary. We apologize for our lack of progress in this area and will proceed with this work.

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

Signed Tom G. Tullos

Title Sr. Business Analyst

Date 10/28/96

(This space for Federal or State office use)

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA

Title PETROLEUM ENGINEER

Date 11/13/96

Conditions of approval, if any:

October 28, 1996

Wellname: Greenwood PGBU Fed C Com #1
Location: 1980' FSL & 660' FWL Section 27, T18S, R31E
Static Gradient Program

Purpose: Quantitatively Determine Morrow/Atoka Reservoir Pressure

1. Hold a safety meeting, ensure all personnel on lease are fully aware of job procedures, potential hazards, emergency procedures and egress routes.
2. MIRU wireline unit, install BOP.
3. Open BOP and pressure test lubricator and master valve for 5 minutes.
4. RIH with gauge ring (big enough to run recorders). Tag and record PBTD. If scale or wax is excessive, rig out.
5. POOH. SI master valve. Bleed off lubricator.
6. Rig up tandem Amerada recorders, (3 hour clocks, w/ 0 - 3000 psi pressure elements).
7. Surface Flex: record wellhead pressure for 3 minutes. Bleed off to 0 psi and record for 3 minutes. Repressure and record for 3 minutes.
8. RIH with recorders, stopping 3 minutes at the following intervals, and 5 minutes at MPOP:
 - a) 2000 ft-cf (casing flange)
 - b) 4000 ft-cf
 - c) 6000 ft-cf
 - d) 8000 ft-cf
 - e) 9000 ft-cf
 - f) 10000 ft-cf
 - g) 11000 ft-cf
 - h) 11500 ft-cf
 - I) 11670 ft-cf (MPOP)[Mid Point of Perfs]
9. Pull recorders to surface. Repeat surface flex. Inspect charts to ensure recorders were working properly.
10. Forward all records and reports to:

Amoco Exploration and Production
Permian Basin Business Unit
Post Office Box 4891
Houston, Texas 77210
Attention: Mike Mackow 16.130 WL1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-029392 B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Greenwood Pre-Grayburg
Unit Federal-C-Com No. 1

9. API Well No.

30-015-22601

10. Field and Pool, or Exploratory Area

Shugart-Morrow-Atoke

11. County or Parish, State

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SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P.O. Box 3092 Houston, TX 77253 (713) 366-7213

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL X 660' FWL (UNIT L)

Sec. 27, T-18-S, R-31-E

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Workover - Acid Job
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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 locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MIRU coiled tubing unit.
2. TIH w/ 1 1/4" coiled tubing inside existing 2 3/8" tubing to +/- 11,800'
3. Acid wash perfs with 2000 gallons of 7 1/2% HCl N2 Foamed acid while moving coiled tubing uphole to 11,550'.
4. Lower coiled tubing back to 11,800' and begin lifting fluids out of wellbore by circulating N2 foam down coiled tubing and back up tubing - coiled tubing annulus.
5. Circulate and attempt to kick well off flowing (may require several stopping and re-starting circulation cycles to dry up).
6. If well will flow without dying, cut off coiled tubing and make a permanent installation as production string. If well will not flow or repeatedly dies despite attempts to kick off, pull coiled tubing.
7. RDMO coiled tubing unit.
8. Turn well to sales.

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

Signed H. J. Black (H.I. BLACK) Title Staff Business Analyst

Date 10-12-94

(This space for Federal or State office use)

Approved by Joe M. Lara
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date 11/14/94

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

RECEIVED
OCT 17 10 28 AM '94
CARL AREA

GW E*1

Form 3100-9
(January 1989)

Number NM-067-97-DW-007

Page 4 of 4

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOTICE OF INCIDENTS OF NONCOMPLIANCE

☒ Certified Mail-Return
Receipt Requested 2694660934

☐ Hand Delivered, Received
by:

| Identification | |
|----------------|-----------|
| Lease | LC029392B |
| CA | SRM1403 |
| Unit | |
| PA | |

| | | | |
|--|--|--|-----------------|
| Bureau of Land Management Office CARLSBAD RESOURCE AREA | | Operator AMOCO PRODUCTION COMPANY | |
| Address 820 E GREENE, CARLSBAD, NM 88220 | | Address P.O. BOX 1348, ARTESIA NM 88211 | |
| Telephone (505) 887-6544 (FAX 885-9264) | | Attention JERRY HUCKABY | |
| Site Name GREENWOOD PREGRB #C/ | Well or Facility Identification WELL #1 | 1/4 Sec NWSW SEC. 27 | Township 18S |
| Inspector DUNCAN WHITLOCK | Range 31E | Meridian NMPM | |

THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE.

| Date | Time (24-hour clock) | Violation | Gravity of Violation |
|---|----------------------|------------------------------|----------------------|
| 96/10/02 | 1000 | 43CFR3162.3-4(C) | MINOR |
| Corrective Action To be Completed by | Date Corrected | Assessment for Noncompliance | Assessment Reference |
| 96/11/02 | | \$ | 43 CFR 3163.1 () |

Remarks:
GREENWOOD PRE GRAYBURG FEDERAL COM. WELL #1 IS TA/SI STATUS WITHOUT AUTHORIZATION, EITHER (1) RETURN WELL TO PRODUCTION, (2) PROPERLY TA WELL OR (3) SUBMIT PLANS FOR ABANDONMENT.

When violation is corrected, sign this notice and return to above address.

Company Representative Title _____ Signature _____ Date _____

Company Comments _____

WARNING

Incidents of Noncompliance correction and reporting time frames begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By," you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1) provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

REVIEW AND APPEAL RIGHTS

A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Land Appeals, 4015 Wilson Blvd, Arlington, VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

| Signature of Bureau of Land Management Authorized Officer <i>J.D. Whitlock</i> | | Date 96/08/04 | Time 1030 |
|---|------|------------------|--------------|
| FOR OFFICE USE ONLY | | | |
| Number 53 | Date | Assessment | Penalty |
| Type of Inspection: PA/RA | | Termination | |

ORIGINAL (RETURN TO ISSUING OFFICE)