

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM SUBMIT IN TRI. (ATES)
(Other Instructions on 1-93)
Artesia, NM 88210

Form approved. 951
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 <input type="checkbox"/>	2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL X 660' FWL, Unit L Sec. 34, T-18-S, R-31-E	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 Greenwood Pre-Grayburg Unit	9. WELL NO. 11	10. FIELD AND POOL, OR WILDCAT Shugart Morrow	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 34-18-31	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' RDB											

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.)*

Moved in service unit 9-5-83. Perforated 11798'-11803', 11911'-22 and 11934'-38' with 2 JSPF. Swabbed and recovered 172 BLW and 50 bbl new water. Acidized well with 3000 gals 7-1/2% MS acid. Ran production log, and log showed fluid level movement below perfs inside casing. Ran cast iron bridge plug set at 12,000'. Cap with 35' of cement. Flow tested 44 BC, 555 BW and 5810 MCF in 504 hours. Last 24 hours flowed 1 BC, 0 BW and 314 MCF. Returned to production.

0+5-BLM, R 1-R. E. Ogden, HOU 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. Sena

TITLE Assist. Admin. Analyst

DATE 1-27-84

(This space for Federal Office or Other RECORD)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 9 1984

*See Instructions on Reverse Side

Carlsbad, NEW MEXICO

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.