

# 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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED BY</b>   <b>MAY 22 1984</b>   <b>O. C. D.</b>  <b>ARTESIA, OFFICE</b> </div>		5. LEASE DESIGNATION AND SERIAL NO. LC-029392-(a)	
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  1650' FNL X 1980' FWL Sec. 35 (Unit F, SE/4 NW/4)				8. FARM OR LEASE NAME Greenwood Prgrbyg Unit Fed. A Com	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3637.9' GL		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Shugart Penn Morrow	
				11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA 35-18-31	
				12. COUNTY OR PARISH Eddy	
				13. STATE NM	

## 18. 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 PLANE <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 4-24-84 and loaded tubing with 60 bbl 2% KCL fresh water, loaded casing with 30 bbl 2% KCL fresh water. Nippled up BOP, released packer, and ran tubing. Tagged PBTD at 11761'. Pulled tubing, ran tailpipe, F-nipple, tubing, packer, on-off tool and tubing. Tailpipe landed at 11396' and packer set at 11300'. Loaded casing and tested packer to 500 psi, tested OK. Nippled down BOP and nippled up x-mas tree. Swab tested 3 days. Re-connected well to gas sales line and began flow testing on a 48/64" choke. Flow tested 4 days last 24 hours, 0 BF, and 0 MCF. Ran dip-in BHP survey and tagged PBTD at 11755'. BHP was 929 psi. Flow tested for 4 days last 24 hrs 0 BF and 134 MCF with tubing pressure 45 psi.

O+6-BLM, C 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Gary C. Clark TITLE Ass't. Admin. Analyst

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 18 1984

\*See Instructions on Reverse Side