

45P

### 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b>  <b>JUN 27 1984</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>
2. NAME OF OPERATOR <u>Amoco Production Company</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 68 Hobbs, NM 88240</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <u>660' FSL x 2310' FWL</u> <u>(Unit N, SE/4, SW/4)</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <u>3627.8' GR</u>

5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029392(a)</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Greenwood PGU Fed G</u>	
9. WELL NO. <u>1X</u>	
10. FIELD AND POOL, OR WILDCAT <u>Und. Bone Springs</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  <u>35-18-31</u>	
12. COUNTY OR PARISH <u>Eddy</u>	13. STATE <u>New Mexico</u>

#### 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 type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Recompletion (Unsuccessful)</u> <input checked="" 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.)

Perfed Bone Springs intervals 8210'-20', 8230'-36' and 8306'-10' w/4 JSPF.  
Swabbed 5 hrs and recovered 25 bbls load water. Ran Base GR/Temp survey and acidized the interval 8210'-8310' with 3500 gals of 15% HEFE HCl acid. Ran after acid GR/Temp survey. Swabbed dry with no show of oil or gas. Well is currently shut-in.

0+5 BLM,C 1-J. R. Barnett,Hou 1-F. J. Nash,Hou 1-GCC

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

SIGNED Harry C. Clark

TITLE Asst. Admin. Analyst

DATE 6/19/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY LWD

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 22 1984

\*See Instructions on Reverse Side