

45F

5. LEASE DESIGNATION AND SERIAL NO.

LC-029392B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER

FEB 2 10 27 AM '84

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME  
Greenwood Pre-Gryb Unit Fed.

3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, NM 88240

RECEIVED BY  
MAY 11 1984  
O. C. D.  
ARTESIA, OFFICE

9. WELL NO.  
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

1980' FSL X 860' FWL  
Sec. 26, T-18-S, R-31-E

10. FIELD AND POOL, OR WILDCAT  
Shugart Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

26-18-31

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 7-18-83. Pulled tubing and ran RBP and packer with RBP set at 11492' and packer set at 11443'. Tested RBP and tubing to 1000 psi and OK. Ran tubing and packer with packer set at 11454'. Pressure tested to 800 psi and OK. Perforated Morrow interval 11510'-13' and 11531'-37'. Swabbed 75 hours and recovered 910 BLW and 286 BW. Slight show of gas. Flowed 36 BC, 383 BW and 1149 MCF in 355 hours. Tested tubing and pump to 700 psi. Moved out service unit 1-14-84 and returned well to production. Pumped 7 BC, 375 BLW, 774 BW and 802 MCF in 288 hours. Last 24 hours pumped 3 BC, 73 and 153 MCF. Successful workover to return shut in well to production.

O+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. Serna TITLE Assist. Admin. Analyst DATE 1-31-84

(This space for Federal or State RECORD)

APPROVED BY GWP TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 9 1984

\*See Instructions on Reverse Side

Carlsbad, NEW MEXICO