

clsf

Form 3160-5
November 1983)
(formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPPLICATE
(Other than those on the
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 3092, Houston, TX 77253
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 1977' FSL x 860' FWL Unit L
Section 26, T-18-S, R-31-E
10 miles SW Maljamar, N.M.

JAN 22 '90

O. C. D.

OFFICE

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3651.8GL
10. FIELD AND POOL, OR WILDCAT
Shugart, North Atoka
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-18S-31E
12. COUNTY OR PARISH 13. STATE
Eddy N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Correction ☒

(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.)

Per conversation with Amelia Hartman 01/90 previous sundry notice 3160-5 dated 12/15/89 was filed in error.

Abandoned Morrow and recompleted to the Atoka. Well is presently shut in.

RECEIVED

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

SIGNED Amelia Hartman TITLE Asst. Admin. Analyst

DATE 01/12/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: