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Do not use this form	UNITED ST DEPARTMENT OF T BUREAU OF LAND JNDRY NOTICES AND F for proposals to drill or to "APPLICATION FOR PERM	THE INTERIOR MANAGEMENT REPORTS ON WELLS deepen or reentry to a	Artesia, NM 882 a different reservoir.	FORM APPROVED Budget Bureau No. 1004-0135 DivisiFagures: March 31, 1993 5. Lease Designation and Serial No. LC029392B Or 200304an. Allottee or Tribe Name
Type or Well	SUBMIT IN TR	IIPLICATE		7. If Unit or CA, Agreement Designation
Address and Telephone No 4 Location of Well Gas Address and Telephone No Attn: T G 4 Location of Well (Footage, So	Other uction Company (713) 366-7337 Tullos, 17.166, P O c. T. R. M. or Survey Descriptioni 660 FNL x 1980 FWL,			8. Well Name and No. <u>Creenwood</u> <u>PCBU</u> Federal <u>Carry Well Non-GE</u> No. 1 <u>30-015-23388</u> 10. Field and Pool. or Exploratory Area <u>Delaware Bone Springs</u> 11. County or Parish, State
CHECK AP	PROPRIATE BOX(s) TO	INDICATE NATURE	OF NOTICE, REPOR	Eddy, NM
TYPE OF SUE			TYPE OF ACTION	<u>* 10</u>
13. Describe Proposed or Comple give subsurface locations	eport onment Notice	Abandonment Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other details, and give pertinent dates, in for all markers and zones pertiner	ncluding estimated date of starting at to this work.)*	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled.
14. I hereby certury that the foreg Signed 1 M W	LLS TOM G. TUllos	Title Sr. Busines	s Analyst	
(This space for Federal or State office use) (ORIG. SGD.) ALEXIS C. SWOBODA Approved by Conditions of approval, if any:		Tide <u>PETROLEU</u>	MENGINEER Date 11/13/96	
Title 18 U.S.C. Section 1001, ma or representations as to any matte	kes it a crime for any person knowingly r within its jurisdiction.	and willfully to make to any dep	artment or agency of the United	States any talse, fictitious or fraudulent statements

Greenwood PGBU Federal E Com #1 Unit C, 660' FNL & 1980' FWL, Section 26, T-18-S, R-31-E Eddy County, New Mexico Delaware-Bone Springs Formations Proposed Recompletion Procedure

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- 1. Hold a pre-job safety meeting with all personnel on lease. Ensure that all personnel on lease are aware of job procedures and egress routes.
- 2. MIRU Service Rig.
- 3. Ensure well is dead.
- 4. Unset tubing anchor and POOH with tubing and anchor.
- 5. Set cement retainer and squeeze Delaware perforations 5120' to 5150'.
- 6. Drill out cement and retainer over Delaware interval then pressure test casing to 500 PSI.
- 7. Drill out CIBP at 5320'.
- 8. Circulate well over to clean fluid down to 8500'.
- 9. Perforate the following Bone Springs interval with casing guns:

8000'-8034' at 2 jspf, 90 degree phasing with deep penetrating charges

- 10. RIH with tubing and packer (pressure test tubing on the way into the hole), **do not pump packer fluid or load up the backside at this point**, set packer at 7900'
- 11. Swab Bone Springs to evaluate. Note and record rates, oil cuts, pressures, water rates, etc.
- 12. If the well is Bone Springs productive then release and pooh with packer and tubing. Then RIH with tubing anchor and tubing, land end of tubing at 8050'.
- 13. If necessary the well may be frac'd. A program for the frac will follow if needed.
- 14. Rig out/move off, TOTP.

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Hand Delivered. Received	NOTICE OF INCIDEN	IS OF NONCOMPLIAN	~ ~	<u> </u>	
		CONTROLICOMPLIAN			
Bureau of Land Management Office			PA		
CARLSBAD RESOURCE	E AREA	Operator		the second s	
Address		AMOCO PRODUCTI	ON COMPA	NY	
6.20 E GREENE, CAN	RLSBAD, NM 88220	Address P.O.BOX 13	48, ARTE	SIA NM 88211	
				00211	
(505) 887-6544 (H	AX 885-9264)	Attention			
	Well or Facility Identification	JERRY HUC	KABY		
GREENWOOD PREGRB	WELL #1	1/4 1/4 Sec.	Townshi		
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Care	Time (24-hour clock)		AND AT THE	ITE LISTED ABOVE.	
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GREENWOOD PRE GRAYBU	RG FEDERAL ST				
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PLANS FOR ABANDONMEN	Γ_	The second secon	IA WELL	OR (3) SUBM11	
When violation is corrected, sign: this botice a	ind return to above address.				
Company Representative Title		Signature			
Company Consents				Oxie	
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incidents of Noncompliance correction and rep	WARI				
Incidents of Noncompliance correction and rep be corrected within the prescribed time from re- tave been assessed for noncompliance (see an may incur an additional assessment under (43)	ceipt of this Notice and reported to the Bureau	votice or 7 business days after the date	it is mailed, whiche	verisesdier. Each violation mu	
nave been assessed for non-compliance (see an may incur an additional assessment under (43 (business day after the prescribed time for com	nount under "Assessment for Noncompliance	"). If you do not comply as point about	ress shown above.	Please note that you already ma	
visitiess day after the prescribed time for com	Action	s (43 CFR 3163.2) All self-certified of		Action to be completed By." yo	
Section 109(d)(1) of the Faderal Oil and Gas Ro movides that any person who "knowingly or mormation required by this part shall be hable	melly Management 4			warmanned no ister than the ne:	
rovides that any person who "knowingly or	wilfully" prepares, maintaine or submitte	ned by the applicable provisions of th	e operating regula	tions at Title 42 CED at ca area	
provides that any person who "knowingly or mormation required by this part shall be hable	for a civil penalty of up to \$25,000 per violat	use, inaccurate, or misleading reports	, notices, affidavit	s, records, data, or other write	
nformation required by this part shall be liable			ices, not to exceed	a maximum of 20 days.	
A person contesting a violation shall request a 5 Ioncompliance with the appropriate State Direct vrlington, VA 22203 (see 43 CFR 3165.4). Cont	State Director review of the Incidents of Nonci	mpliance. This mailer must be all			
koncompliance with the appropriate State Direc rlington, VA 22203 (see 43 CFR 3165.4). Cont	aur (302 43 CFR 3165.3). The State Director A	eview decision may be appealed to the	within 20 working a	tays of receipt of the incidents of	
,,,	Manage	ment office for further information,		www.wppeals.4015Wilson Blvd	
ignature of Bureau of Land Management Auth	orized Officer				
- y. V. W hillow	9	Date Tr	/ / _	Time	
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DA L.					

ORIGINAL (RETURN TO ISSUING OFFICE)

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