

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 7
(Other Instru
verse aide)

LICATE*

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

NM-13396

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "CC"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cisco

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

4/19/24

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 4072, Odessa, TX 79760

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

1980' FSL x 990' FEL, Sec. 4
(Unit I, NE/4, SE/4)

14. PERMIT NO.

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

3692' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Recompletion

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

MI and RUSU 11/16/87 and pull tubing and packer. Run CIBP and set at 8350' and cap with 35' of cement. Run tubing and packer with tailpipe at 6132' and packer set at 6101'. Swab fluid level down to 5900'. Run 1-9/16" tubing guns and perforate from 6278'-92', 6310'-28', 6334'-46', 6384'-96' and 6416'-30' with 4 SPF. Acidize perfs with 7000 gallons of 15% HCl. Flow well for 30 minutes and well died. Swab dry and SI. RD and MOSU 12/2/87. RU swab unit 12/2/87 and swab dry with no show of oil or gas. RD and MOSU 12/3/87. Well is shut-in pending further work.

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

SIGNED

O. M. Mitchell
O. M. Mitchell

TITLE

Sr. Admin. Analyst

DATE

12/04/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side