

UN. D STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISS
Drawer 88210
SUBMIT IN TRIPL. DATE
(Other instructions on re-
turnable)

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

215F

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR	NOV 25 1985	NM 13621
3. ADDRESS OF OPERATOR	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below.) At surface	ARTESIA OFFICE	7. UNIT AGREEMENT NAME
660 FSL & 660 FEL, Sec. 29-T19S-R24E		8. FARM OR LEASE NAME
		Amoco "QT" Federal
		9. WELL NO.
		2
		10. FIELD AND POOL, OR WILDCAT
		Undesignated - Wolfcamp
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Unit P, Sec. 29-T19S-R24E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
API #30-015-25367	3790' GR	Eddy
		13. STATE
		NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Perforate Wolfcamp, Treat	(X)
(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.)*

TD 7680'. Installed standing valve in packer at 7395'. WIH and perforated 6308-12' w/16 .42" holes. Acidized perfs 6308-12' w/1500 gals 15% NEFE acid + N2. Flowed well back and swabbed.
WIH and perforated 6302-06' w/10 .25" holes. Acidized perfs 6302-06' w/2000 gals Westpad A and 15000 gals 15% NEFE Retarded acid.
Swabbing and testing well 11-12-85.

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

SIGNED Johnanta Poodlett TITLE Production Supervisor DATE 11-14-85

(This space for Federal or State office use)

APPROVED BY FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 22 1985

*See Instructions on Reverse Side