

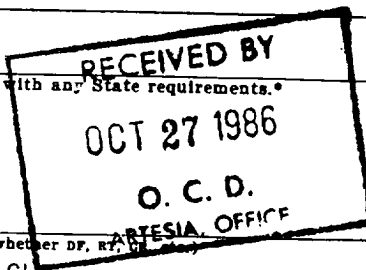
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
SUBMIT IN TRI. CATE*
(Other instructions on re-
verse side)
ATLANTA NM 88210

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

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company ✓	8. FARM OR LEASE NAME Federal "D"
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	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 660 FNL x 400 FWL	10. FIELD AND POOL, OR WILDCAT Indian Basin- U
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-22-24
15. ELEVATIONS (Show whether DF, RT, or GL) 3932.4' GL	12. COUNTY OR PARISH Eddy
	13. STATE 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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" 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 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.)*

Propose to cement squeeze perforations, reperforate upper pay, acidize and/or treat w/methanol to initiate production:

MIRU-SU. Release packer & POH w/prod. equip. RIH with cement retainer for 7" casing & set at 7330'. Cement squeeze perfs. 7430-7554' by pumping 100 sacks of Class H cement w/.5% Halad-9 additive followed by 100 sacks Class H neat cement. Max pressure 500 psi. Sting out of cement retainer & reverse out excess cement. RIH w/bit for 7" casing & drill out cement ret. & cement to 7500' & POH. RIH & perforate Cisco-Canyon interval 7430-7486 w/4 DPJSPF. Perf. at 90° or 120° phasing w/4" hollow carrier gun. RIH w/production packer for 7" casing & 2-3/8" tubing & set at 7154'. Acidize down tubing w/1000 gal. of 15% NEFE NCL acid w/1 gal./1000 gal. WA-211, 2 gal./1000 gal. WA-212. Flush acid to perfs. w/40 bbls of 2% KCL fresh water. Shut-in 2 hours. Swab well to recover load & to initiate flow. RDMO-SU. Return to producing status.

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

SIGNED Steve Brouillette

TITLE Admin. Analyst

DATE 10-17-86

(This space for Federal or State office use)

APPROVED BY Steve Brouillette
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

10-24-86

*See Instructions on Reverse Side