

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIP
(Other instruction
reverse side)

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

45F

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 JAN -9 1987 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-05299 05677
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME C
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Federal "D"
		9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Indian Basin
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-22-24
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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 PxA the subject well if workover attempt fails. Currently well is in workover status. Results indicate well to be uneconomical to continue extensive workover procedures. Tests have found holes in casing between 3020' and 3178'. (Note:) This procedure amends our previous Sundry Notice dated 10-28-86 so we can properly squeeze holes in casing.

Verbal approval for this new procedure was received per Pete Chester 11-3-86.

Currently a cement retainer is set at 7004' and the perms at 7430'-7554' were squeezed with 300 sacks w/excess cement dumped on cement retainer. Will run in hole to tag plug to determine top of cement above cement retainer. Casing was tested to 1000 psi below 3178' and held ok.

We intend to RIH w/open ended tubing and tag cement above cement retainer set at 7004'. Spot above cement 155 bbls of 10# brine w/25# gel/bbl. Volume required to fill casing to 3178'. Pull up to 5500 and spot a 25 sack class C neat cement plug to 5350'. RIH w/cement retainer and tubing. Set retainer at 2375'. Holes in casing between 3020' and 3178'. Pump down tubing 50 sacks class C cement with Flo-check followed by 150 sacks of class C w/Tuff Plug additive followed by 800 sacks class C with 2% CaCl2 and circulate the annulus. Close valve and squeeze. Add CaCl2 on fly and adjust accordingly as per required. Sting out of cement retainer and dump excess cement. Spot above cement retainer 96 bbls of 10# brine w/25# gel/bbl. Volume required to fill casing to

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

SIGNED Steve Brownlee

TITLE Admin. Analyst

DATE 11-3-86

(This space for Federal or State office use)

APPROVED Charles S. D...
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 1-7-87

*See Instructions on Reverse Side