

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")

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

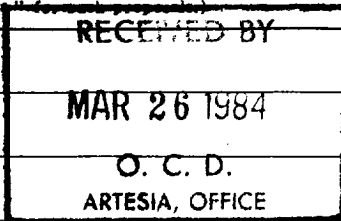
2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1980' FNL X 1980' FWL  
(Unit F, SE/4, NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)  
3359' RDB



5. LEASE DESIGNATION AND SERIAL NO.  
LC-070286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Emperor  
Oil Company Gas "B" Federal

9. WELL NO.  
1  
Com

10. FIELD AND POOL, OR WILDCAT  
Und. Golden Lane Strawn

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
28-20-30

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  
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) name change

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.)\*

This is to inform you that the name of the Emperor Oil Company Federal Gas "B" Com Well No. 1 has been changed to the Emperor Oil Company Gas "B" Federal Com Well No.1.

0+5-BLM, R 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CLF

RECEIVED  
JAN 21 10 38 AM '84  
OFFICE OF THE  
DIRECTOR

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

SIGNED Cathy L. Sorman

TITLE Assist. Admin. Analyst

DATE 1-20-84

(This space for Federal or State Office use)

APPROVED BY PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 22 1984

\*See Instructions on Reverse Side