

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

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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	<div>RECEIVED BY FEB -4 1987 O.C.D. ARTESIA, OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. NM-0251099A
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1650' FNL x 1650' FWL Unit F, SE 1/4 NW/4		8. FARM OR LEASE NAME Smith Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3981' RDB	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-22-23
		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"/>	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Commingling of gas well gas <input checked="" 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 connect the HOC Federal #1, Smith Federal #1, and the Smith Federal Gas Com #1 into a common sales line to Marathon. (See Sundry Notice for the HOC Federal #1, Smith Federal #1 and the Smith Federal Gas Com #1). Each well will have an allocation meter upstream of the sales meter. (See attached sketch).  
We respectfully request approval of these proposed gas meter installation.

I hereby certify that the foregoing is true and correct

SIGNED S. Brownlee

TITLE Administrative Analyst

DATE 1-27-87

This space for Federal or State office use)

APPROVED BY

TITLE

DATE 2.3.87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side