

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

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

dsf

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"/>		3. LEASE DESIGNATION AND SERIAL NO. NM-0251099-A	
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 2310' FWL (Unit F, SE/4 NW/4)		8. FARM OR LEASE NAME Smith Federal Gas Com	
		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 12-22-23	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3956' RDB	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Commingling of gas well gas <input checked="" 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 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 Area Manager TITLE DATE 2.3.87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side