

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC.
(Other instructions on
reverse side)

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR Amoco Production Company AUG 19 1977

3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336 O. C. C. ARTESIA, OFFICE

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 Sec. 7 (Unit F, SE/4, NW/4)

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4003.7 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-05699

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Federal "D"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Indian Basin Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-22S-24E

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 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) <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) <u>Test New Zone</u> | <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.)*

Rig up service unit 7/8/77. Killed well and pulled tubing and packer. Run gauge ring and bridge plug set at 7655'. Run tbg and packer set at 7209'. Swab test well. 7/18/77 swb no oil X no gas X 91 BLW 8 hrs. Release service unit 7/18/77. Propose to squeeze off present perms and reperforate.

RECEIVED
AUG 17 1977
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Ray W. Cox TITLE Adm. Assist. DATE 8/16/77

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE AUG 19 1977
CONDITIONS OF APPROVAL, IF ANY:

0 & 4 - USGS-Art.

1 - Div

1 - Susp

1 - RC

*See Instructions on Reverse Side