

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NMOCOC COF
SUBMIT IN TRIPPLIC.
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-05699	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. DRAWER A, LVEVLLAND, TEXAS 79336		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 SEC. 7 (UNIT F SE/4 NW/4)		8. FARM OR LEASE NAME FEDERAL "D"	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4003.7 GR		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:

SUBSEQUENT REPORT OF:

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

August 16, 1977 we requested and received approval to squeeze off present perfs and reperforate new zone. Due to an active drilling program creating a shortage of personnel, we have been unable to do the work as timely as we planned.

We request a 6 month extension from this date to do the work. We plan on beginning operations on this well the later part of March, 1978.

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

SIGNED

Ray W. Cox

TITLE

Administrative Supervisor

DATE

1-14-78

(This space for Federal or State office use)

APPROVED BY

Lee J. Lusa

TITLE

ACTING DISTRICT ENGINEER

DATE

JAN 18 1978

CONDITIONS OF APPROVAL, IF ANY:

014- USGS-ART

1- Div.

1- Susp.

1- RC

*See Instructions on Reverse Side.

RECEIVED
JAN 17 1978
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO