

C/SF

# 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"/>  | <b>RECEIVED BY</b><br><br><b>NOV 29 1984</b><br><br><b>O. C. D.</b><br><b>ARTESIA OFFICE</b> | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-05699   |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY ✓   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 68, Hobbs, New Mexico 88240   |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br>1650' FNL X 1335' FWL<br>(Unit F, SE/4 NW/4) |  | 8. FARM OR LEASE NAME<br>Federal B Com<br>9. WELL NO.<br>1<br>10. FIELD AND POOL, OR WILDCAT<br>Indian Basin<br>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>5-22-24 |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4312.4' GR                                 | 12. COUNTY OR PARISH<br>Eddy<br>13. STATE<br>NM   |

## 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 checked="" 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) <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 PXA subject well as follows:

Notify BLM 24 hours prior to moving in service unit. MiSU and kill well with 10 ppg brine. Release packer set at 7561' and circulate hole. POH. RIH with tubing and CIBP, set CIBP at 7750' (Top of perms are at 7804'). Test CIBP to 1000 psi and spot 25 sx class C neat on top of CIBP. (Top of Cisco is at 7801') with tubing spot salt gel mud from top of cement plug (apx. 7380') to 5300'. With tubing spot 25 sx of class C neat cement from 5300' to 4930' (370' plug) with tubing spot salt gel mud from top of cement plug at 4930' to 3026'. POH with tubing. RIH with 3-1/8" casing gun and perf 3025'-26' w/4 SPF. Pump into 4-1/2" casing and establish circulation with 10 ppg brine. RIH with tubing and cement retainer. Set retainer at 2655'. Cement squeeze with 650 sx class C neat cement and circulate cement to surface. (Estimate 65 sx will be circulated out.) Leave 25 sx in casing below retainer. With tubing, spot salt gel mud from 2655' to 378'. With tubing, spot 25 sx class C neat cement from 378' to surface. This will also put cement across surface casing shoe. Cap well and erect PXA marker.

0+5- BLM, C 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

I hereby certify that the foregoing is true and correct

SIGNED Larry C. Clark

TITLE Assist. Admin. Analyst

DATE 8-28-84

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-28-84

\*See Instructions on Reverse Side