

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-059077

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HOC Federal Gas Com

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Indian Basin (Upper Penn)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

13-22S-23E

12. COUNTY OR PARISH 13. STATE

Eddy NM

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 ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 3092 Houston, TX 77253

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1650' FN & WL

Unit F

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4040' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.) *

MI RU SU 4-18-89

Pres Test

Pump 4000 gals 28% NeFe HCl Acid x Additives

Flush w/ 60 bbls bw 2% KCl.

Swab, Flow to Test

mosu, Return to Production 4-22-89

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

SIGNED

Amelia Hartman

TITLE

Asst. Admin. Analyst

DATE

7-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

JUL 21 1989

*See Instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO