

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other: instructor
verse side)

ATE*
1 re

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"/>	2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL X 1900' FEL (Unit J) NW1/4, SE1/4	5. LEASE DESIGNATION AND SERIAL NO. NM-06299	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Federal "G" Gas Com	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Dos Hermanos - Morrow	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-20-30	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether of RT, SR, etc.) 3337 RDB											

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"/>		<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) Name Change	<input type="checkbox"/>		<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.)*

This notice is to inform you that the Federal "E" Gas Com No. 1 has been renamed the Federal "G" Gas Com No. 1

0+5 BLM-C, 1-JRB, 1-FJN, 1-NLG,

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

SIGNED <u>Chris L. Yates</u>	TITLE <u>Administrative Analyst</u>	DATE <u>5 June 1985</u>
(This space for Federal or State office use)		
APPROVED BY <u>Don W. [Signature]</u>	TITLE <u>Atty</u>	DATE <u>6-11-85</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side