

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-1-1-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO. **215F**

NMNM 34246

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

PFE AMOCO "19" FED

WELL NO.

34

FIELD AND POOL, OR WILDCAT

SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

19-22S-26E

COUNTY OR PARISH 13. STATE

EDDY

NM

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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.)

DEC 1 1992

O. C. D.
STENOGRAPHER

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

GEODYNE OPERATING COMPANY

ADDRESS OF OPERATOR

320 S. BOSTON - THE MEZZANINE, TULSA, OK 74103-3708

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

1831 FNL & 2577 FEL OF
SEC. 19-22S-26E

PERMIT NO

ELEVATIONS (Show whether DF, RT, OR, etc.)

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

NOTICE OF INTENTION TO

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

RIPOUT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) **SHUT IN**

(Other)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 WELL WAS SHUT IN DEC. 2, 1991 PENDING EVALUATION

I hereby certify that the foregoing is true and correct

SIGNED

TITLE **LEAD REGULATORY ANALYST**

DATE **6/1/92**

(This space for Federal or State agency use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side