

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION  
Draft DD 88210  
Artesia, NM FORM APPROVED

CLSF

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. Lease Designation and Serial No.

NMNM34246

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

PFI AMOCO "19" FEDERAL #3Y

9. API Well No.

30-015-25912

10. Field and Pool, or Exploratory Area

FILAREE DOME - DELAWARE

11. County or Parish, State

EDDY, NEW MEXICO

SUBMIT IN TRIPLICATE

RECEIVED

OCT 05 '94

ARTESIA OFFICE  
(918) 683-1751

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

1. Type of Well  
Oil Gas  
☐ Well ☒ Well ☐ Other

2. Name of Operator  
SAMSON RESOURCES COMPANY

3. Address and Telephone No.  
TWO WEST SECOND STREET TULSA, OK 74103

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1831' FNL & 2577' FEL SEC 19-22S-26E

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

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

13 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.)\*

PER ATTACHED

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

Signed [Signature]

Title District Engineer

Date August 26, 1994

(This space for Federal or State/office use)

APPROVED: JOE G. LARA

Approved by [Signature]

Title NATIONAL MONITOR

Date 9/2/94

Conditions of approval, if any: See attached