Form 3160-5
November 1983
Formerly 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NMNM34246

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

(4) dsf

RECEIVED
SEP 22 10 49 AM '92

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.)

7. UNIT AGREEMENT NAME:

OIL WELL XX GAS WELL ___ OTHER

8. FARM OR LEASE NAME: PFI AMOCO 19 FD

2. NAME OF OPERATOR: GEODYNE OPERATING COMPANY

9. WELL NO.: 4

3. ADDRESS OF OPERATOR: 320 S. BOSTON AVE. MEZZ. TULSA, OK 74103-3708

10. FIELD AND POOL, OR WILDCAT: Fl/Area Dome Del

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1550' FNL & 1980' FWL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 19-22S-26E

SE NW SEC. 19-22S-26E

14. PERMIT NO. ___ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) ___

12. COUNTY OR PARISH: EDDY 13. STATE: NM

16. 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 COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT 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.)

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 WELL WAS SHUT IN 04/17/92 PENDING EVALUATION.

RECEIVED
- 8 1992
O. C. D.
ARTESIA, OFFICE

1992

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

SIGNED Judy M. Knight TITLE LEAD REGULATORY ANALYST DATE 09/18/92

(This space for Federal or State office use)

APPROVED BY ___ TITLE ___ DATE ___

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.