

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse 111e)

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

45F

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME Federal BL
3. ADDRESS OF OPERATOR P.O. Box 3092 Houston, TX 77253	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL x 2600' FEL Unit B, NWNE	10. FIELD AND POOL, OR WILDCAT Robina Draw Atoka
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, T-23-S, R-24-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4225' GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

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O. C. D.

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/> Add Atoka pay	

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) <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.*

1. Rusu x POH w/TBG x Packer x Vann Gun.
2. Set CIBP at 9950' x cap w/ 35' cmt
3. Load Hble w/ 2% KCl water
4. Perforate w/csg gun at 4 JSPF w/ 90 degree phasing:
9404'-9410'
9470'-9480'
9618'-9626'
9658'-9668'
9704'-9710'
correlate to Schlumberger CNL-FDC Log of 7-26-81
5. RIH w/tbg dry w/shear disk x pkr. Set pkr. @ 9300'
6. Drop bar to shear disk
7. Flow/swab to test
8. Return to production

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

SIGNED Amelia Hartman TITLE Asst. Admin. Analyst DATE 6-20-89

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: [Signature] TITLE [Signature] DATE 6-29-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side