

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instruction
verse side)

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

5. LEASE DESIGNATION **RECEIVED**

NM 28636

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OCT 20 '89

7. UNIT AGREEMENT NAME **O. C. D.**

ARTESIA OFFICE

8. FARM OR LEASE NAME

Federal BL

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Robina Draw Atoka

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA

Sec 17

T-23-S, R-24-E

12. COUNTY OR PARISH 13. STATE

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 3092 Houston, TX 77253

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

300' FNL x 2600' FEL

NWNE Unit B

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

4225' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) **Adding Atoka pay** ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

Moved rig on 9-14-89. Pulled tubing and packer. Ld Vann gun. Set CIBP @ 9950' and capped w/35' cement. Perfed the following intervals w/casing gun w/ 4 JSPF:

9754'-9760'

9658'-9668'

9618'-9626'

9470'-9480'

9404'-9410'

Ran shear disk and tubing and set packer @ 9214'.

Dropped 1" bar x shear disk x test.

Acidized w/2000 gals 7.5% MS acid w/ 1000 SCF N2 per barrel x 125 ball sealers.

Released rig 9-22-89

Operations completed 9-26-89 Test results: 3 BO/D 3 BW/D 780 MCF/D

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

SIGNED **Amelia Hartman** TITLE **Asst Admin Analyst** DATE **10-5-89**

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD) **DAVID R. GLASS** TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side