

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
Other instructions  
on reverse side

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

clsp

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 type="checkbox"/> OTHER <input type="checkbox"/>   | 5. LEASE DESIGNATION AND SERIAL NO.<br><u>NM-16331</u>              |
| 2. NAME OF OPERATOR<br><u>AMOCO PRODUCTION COMPANY</u>  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                |
| 3. ADDRESS OF OPERATOR<br><u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>591' FSL x 1585' FWL</u><br><u>(UNIT N, SE/4, SW/4)</u> | 8. FARM OR LEASE NAME<br><u>Cimarron</u>                            |
| 14. PERMIT NO.  | 9. WELL NO.<br><u>1</u>   |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><u>3028.5' GR</u>   | 10. FIELD AND POOL, OR WILDCAT<br><u>Wildcat</u>                    |
|   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>34-22-28</u> |
|   | 12. COUNTY <u>Eddy</u> 13. STATE <u>NM</u>                          |

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

NOTICE OF INTENTION TO:

|  |  |
|--|--|
| 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 checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/>             |  |

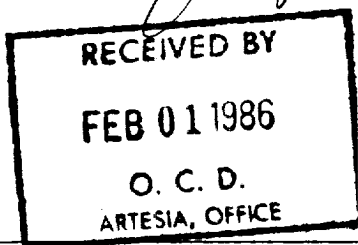
SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| 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.) \*

Due to negotiations between Cimarron Energy Corporation and Amoco Production Company, it has been agreed that Cimarron and not Amoco will plug the above well. Please reference Telephone conference between Mr. Peter Chester (BLM, Roswell) and Mr. Dave Blazer (Amoco, Hobbs). Please remove our PxA proposal from your files.



0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - CMH

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

SIGNED Charles M. Lerry TITLE Administrative Analyst (SG) DATE 1/28/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1-31-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side