

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

also

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

SUBMIT IN TRIPLICATE

RECEIVED

JUL 17 1992

O.C.D.
SPECIAL SERVICE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 Amoco Production Company

3. Address and Telephone No.
 P.O. Box 3092 Houston Tx 77253 Km. 16.108

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 Unit L - 1980 FSL X 660 FWL
 Section 34, T-22S, R-28E

5. Lease Designation and Serial No.
 NM - 16331

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
 Cimarron - RB - Federal
 Gas Com

8. Well Name and No.
 1

9. API Well No.
 30-015-24283

10. Field and Pool, or Exploratory Area
 Dublin Ranch - Atoka

11. County or Parish, State
 EDDY - NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other to Bone Springs
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

- RVSU X KILL WELL X POH W/ PROD EQUIP.
- RIH W/ CIBP X SET IN 4 1/2" LINER @ APPROX 11435' X CAP W/ 35' CMT. (ATOKA PERFS AT 11485'-11507')
- RIH W/ CIBP X SET IN 7 5/8" CSG. @ APPROX 9450' X CAP W/ 35' CMT. (LINER TOP 9491')
- PERFORATE THE BONE SPRINGS - INTERVALS 7610'-7620' X 7632'-7642' W/ CSG GUN AT 4 JSPF (90 OR 120 DEGREE PHASING)
- RIH W/ TBG X PKR. SET PKR. AT APPROX 7560'.
- ACIDIZE BONE SPRINGS PERFS W/ 5000 GALS 20% NEFE HCL AND DIVERT WITH BALL SEALERS (APPROX 120 BALLS), THIS IS A WILDCAT INTERVAL. THE ESTIMATED TREATING PRESSURE AND RATE IS UNKNOWN.
- FLUSH WITH TBG VOL PLUS APPROX 30 BBLS BRINE (LESS IF ON VACUUM)
- SWAB/ FLOW TO TEST

14. I hereby certify that the foregoing is true and correct
 Signed H. J. Black (H.I. BLACK) Title Stt. Admin. Analyst Date 7-6-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date 7-14-92
 Conditions of approval, if any: