

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructio  
verse side)

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

9/SF

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.)

RECEIVED BY  
JUL 18 1984  
O. C. D.  
ARTESIA OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Source Well		5. LEASE DESIGNATION AND SERIAL NO. 18 MB-0415461	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240		7. UNIT FOREMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL X 330' FEL (NE/4, NE/4, Unit A)		8. FARM OR LEASE NAME Old Indian Draw Unit	
14. PERMIT NO.		9. WELL NO. 38	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3071.9' GL		10. FIELD AND POOL, OR WILDCAT Indian Draw Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-22-28	
		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:

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) Request extension for APD	X

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) _____	

(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.)\*

We request a 90 day extension to our application for permit to drill on the subject well. The APD was approved 8-30-83 by Armando Lopez and will expire 8-30-84.

0+6-BLM, C 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Mary C. Clark TITLE Assist. Admin. Analyst DATE 7-13-84

(This space for Federal or State office use)

APPROVED BY R. P. Ritchie TITLE P.E. DATE 7/16/84

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side