

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
NOV 14 1984  
O.C.D.

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

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

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 checked="" type="checkbox"/>
(Other) <u>Surf. Csg. Setting</u>	

(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.)

Cactus Rig #63 moved in and began continuous drilling operations on 11-4-84 with a 14.75" bit. Drilled to TD of 426' and on 11-5-84 set 9 5/8", 32.3", H-40 csg. Csg set at 426' and cemented with 580 svr classic w/pack. Plug down 12:05 A.M. and circulated out 175 svr. WOC 18 hrs and tested csg. to 600 psi for 30 min, tested OK. Reduced bit to 8 3/4" and resumed drilling.

015 BLM, C 1-T.R. Barnett, Hou Km 21.156 1-F.J. Nash, Hou Km 4206 1-GCC 1-Texasco 1-Sun  
1-Snell 1-Petro Lewis

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

SIGNED

Larry C. Clark

TITLE

Asst. Admin. Analyst

DATE

11-7-84

(This space for Federal or State office use)

APPROVED BY

NOV 9 1984

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

Culver, NEW MEXICO

\*See Instructions on Reverse Side