

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
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 proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY MAR 29 1985		5. LEASE DESIGNATION AND SERIAL NO. NM 17232	
2. NAME OF OPERATOR Amoco Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 68, Hobbs, NM 88240				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 GGO' FNL X 1980' FEL (Unit B, NW/4, NE/4)				8. FARM OR LEASE NAME Big Sinks Fed. Com.	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Wildcat Atoka	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-25-31	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3350.3' RDB		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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)\*

This is to notify you of a name change from the  
Big Sinks Federal Unit #1 to Big Sinks Federal Com. #1

3+5-BLM, C 1-JRB 1-FJN 1-BFC 1-Yates 1-Musa 1-Gulf

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

SIGNED

Bonita Cobb

TITLE

Administrative Analyst

DATE

3-13-85

(This space for Federal or State office use only)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

3-28-85

\*See Instructions on Reverse Side