

c/sf

3167.4 (067)

ARTESIA, NM 88 RECEIVED

DEC 11 '87

December 7, 1987

O. C. D.
ARTESIA, OFFICE

Amoco Production Company
P. O. Box 68
Hobbs, NM 88240

Gentlemen:

Your Application for Permit to Drill, Deepen, or Plug Back (APD) for wells:

LC-064009-A
Federal DK No. 1
660' FNL and 1980' FEL
Sec. 8, T. 13 S., R. 32 E.

LC-064009-A
Federal DK No. 2
1730' FNL and 1880' FEL
Sec. 8, T. 18 S., R. 32 E.

NM-0415688-A
Indian Draw "A" Federal No. 1
990' FNL and 990' FEL
Sec. 18, T. 22 S., R. 28 E.

have been cancelled.

The APD is considered expired if drilling activity has not commenced within one year after approval. Should you desire to drill this well at a later date, you will be required to re-submit the proper forms for approval.

Sincerely,

Raj Giri
Chief, Mineral Resources

Post ID-2
1-8-88
Exp. Int.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

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

45F

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<div>RECEIVED BY AUG 20 1986 O.C.D. ARTESIA OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-0415688-A</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, NEW MEXICO 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' FNL x 990' FEL</u> <u>(UNIT A, NE/4, NE/4)</u>		8. FARM OR LEASE NAME <u>Indian Draw A Federal</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3082.6' GR</u>	9. WELL NO. <u>1</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Indian Draw Delaware</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>18-22-28</u>
		12. COUNTY OR TERRITORY <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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) *

Request a 1 year extension to our approved Application for Permit To Drill for this well.

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

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

SIGNED Charles M. Herring TITLE Administrative Analyst (SG) DATE 7-31-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-29-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side