

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved
Budget Bureau No. 42-144

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"/> SALT WATER DISPOSAL WELL | | 5. LEASE DESIGNATION AND SURF. NM-045084 | |
| 2. NAME OF OPERATOR Amoco Production Company | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR BOX 68, MOBBS, N. M. 88240 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 1980' FSL x 1980' FEL Sec. 13 (Unit J. NW/4 SE4) | | 8. FARM OR LEASE NAME BOUGH SALT WATER DISPOSAL SYSTEM | |
| 14. PERMIT NO. | | 9. WELL NO. 1 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4120' R.D.B. | | 10. FIELD AND POOL, OR WILDCAT | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9-35 NMPM | |
| | | 12. COUNTY OR PARISH LEA 13. STATE N.M. | |

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) <input type="checkbox"/> | |

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) <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.) *

WELL Physically Abandoned 12-18-72.

Plugged and abandoned as follows:

Cement Plugs

| 3X | | DEPTH |
|----|---|------------------------|
| 30 | - | 5271' |
| 25 | - | 4100' - 4250' |
| 25 | - | 2200 - 2300' |
| 10 | - | Surface at P/A marker. |

All intervals filled w/ mud laden fluid.

Final cleanup shall be made and ground restored to contour.

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

SIGNED James E. Clark

TITLE Area Engineer

DATE 12-29-72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

APR 4 1973

*See Instructions on Reverse Side

J. L. GORDON
DISTRICT ENGINEER

044- USGS-H
1- DIV
1- SUSP
1- RRY