

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2005' FSL x 1873' FWL Sec. 13 (K, NE 1/4 SW 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4129' R. D. B.

5. LEASE DESIGNATION AND SERIAL NO.
NM-0450847

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
FEDERAL A

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
BOUGH DEVONIAN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
13-9-35 NMDPM

12. COUNTY OR PARISH 13. STATE
LEA 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 checked="" 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) <input checked="" type="checkbox"/> Completion oper.	

(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.)

On 12-13-71, 5 1/2" OD 17-20" J-55- N-80 casing was set @ 11966' w/ 300 Sx. H + 3 1/10% retarder + 6 1/10% CFR-2. Tested casing w/ 2000 psi for 30 min. Test O.K. After WOC appy. Hrs. drilled out to 11965' perforated interval 11956-64' w/ 2 1/2" SPF. Acidized w/ 1000 gal 15% NE. Evaluated.

PT. Pmp 190 B04 137 BW 24 hrs.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

1-5-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ON 4- USGS- H
1- DIV.
1- SUSP
1- RRY

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED.

JAN 11 1972

GL. CONSERVATION COMM.
RECEIVED