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Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR verse side) 5. LEASE DESIGNATION AND SERIAL NO. LC-058697- b GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WELL OTHER 8. FARM OR LEASE NAME 2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY MILLER " FEDERAL 9. WELL NO. 3. ADDRESS OF OPERATOR 1013 P.O. DRAWER A. LEVELLAND, TEXAS 79336 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

At surface 10. FIELD AND FOOL, OR WILDCAT UNDESIGNATED - CORBIN 2310' FWL & 380' FSL SECTION 25 (UNIT N SE/4 SW/4) 25-17-32 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 14. PERMIT NO. 3992.56 RDB 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF : PULL OR ALTER CASING REPAIRING WELL TEST WATER SHUT-OFF WATER SHUT-OFF ALTERING CASING FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT* SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)* Marcum Dilling Co. spudded 171/2" hole 9:30 PM 10/20/76. Reached TD 397' 10/21/16. Run 133/8" 48# H-40 STIC casing and set at 397'. Cament w/ 425 sx Class C + 2% CACL and circulate 38 s4 cmt. Plug down 10:15 PM 10/21/76. 18 hrs and test csg at 625 PSI for 30 min., Test OK. Reduced hole to 12 1/4" and resumed drilling. 18. I hereby certify that the foregoing is true and correct TITLE Administrative Assistant DATE _//-2-76 (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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1- Susp 1- RC

*See Instructions on Reverse Side

HOBBS. NEW MEXICO

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