

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-057210
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 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 480' FSL x 1980' FWL (UNIT N, SE 1/4, SW 1/4)		8. FARM OR LEASE NAME Federal BI
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3941.4' GL		10. FIELD AND POOL, OR WILDCAT Wildcat Mayman Strawn
		11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA 28-17-32
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

MISU 6-20-85 and POH w/ prod equip. RIH w/ 5 1/2" pkr, 2 7/8" SN, and 2 7/8" tbg. Prs tested to 8000 psi above slips. Set pkr at 11,421'. Prs tested annulus to 500 psi - OK. Fraced down 2 7/8" tbg w/ 1764 gal X-linked 40# HPG and 16 gal CO2. Shut down and acidized w/ 1500 gal 15% NEFG HCL acid w/ add. Waited 2 hrs and fraced down 2 7/8" tbg w/ 12,642 gal 40 # HPG gel, 36 tons CO2, and 9300 # 16-30 interprop plug. Flowed well 8 1/2 hrs and rec 53 Bbl water. Continued flowing well and swabbed well. POH w/ workstring. RIH w/ 2 3/8" tbg and LA 11702'. Installed prod equip. Prs tested to 500 PSI - OK. MISU 6-27-85 and begun pump testing 6-29-85. Pump tested through

0 + 5 BLM, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED Thi E. Gates

TITLE Administrative Analyst

DATE 13 July 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 18 1985

*See Instructions on Reverse Side

7-11-85. Finaled W.O. 7-12-85

PPWO: 19 BOPD X 2 BWPD X 43 MCFD

PAWO: 76 BOPD X 61 BWPD X 146 MCFD