

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved
Bureau of Land Management No. 42 R1424
5. CLASS OF LOCATION AND SERIAL NO.N.M. 077002
6. 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.)1. TYPE OF WELL: GAS ☒ WELL ☒ OTHER ☐2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL x 1980' FEL Sec. 5 (Unit 0, SW 1/4 SE 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3716' R.D.B.

7. LAND AGREE (SEE NOTE)
NELLIS FEDERAL

8. FACTOR FOR LEASE

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
BUFFALO PENN GAS11. SEC., T., R., M., OR BLM, AND
SURVEY OR AREA

5-19-33 NMPM

12. COUNTY OR PARISH

EDDY N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FEATHER TREAT ☐SHOOT OR ACIDIZE ☐CHANGE WELL ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DETAILS OF PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

In an effort to increase productivity
propose to acidize perforations 13,234'-425'
w/ 5000 gal 7 1/2 % MS Acid x 1000 SCF NITROGEN/BAL.
Evaluate & restore to production.

TD- 13723'
PBD- 13604'

5 1/2" CSA 13723' x 1100 Sx.

PEERS: 13234'-259' N41JSPF
13412'-425' "

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

SIGNED

Roy R. Yoakum

TITLE ADMINISTRATIVE ASSISTANT

DATE 10-29-73

(This space for Federal or State office use)

APPROVED BY

OFFICIALS OF APPROVAL, IF ANY:

TITLE

APPROVED
OCT 29 1973ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

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1-11-73
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