

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. NM-077002	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 4072, ODESSA, TEXAS 79760		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 660' FSL x 1980' FEL (Unit 0, SW/4, SE/4)		8. FARM OR LEASE NAME Nellis Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3680.7' GL		10. FIELD AND POOL, OR WILDCAT Tonto Wolfcamp, West	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-19-33	
		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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Squeeze perforations <input checked="" 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 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.)

Propose to cement squeeze water producing perforations and acidize the remaining perforations. MI and RUSU and pull production tubing and packer. Run RBP, packer and workstring and set RBP at 11,100' and cap with 75 sacks of sand. Pull up and set packer at 10,825' and establish injection rate and release packer and pull out of hole. Run cement retainer and set at 10,825' and cement squeeze perforations from 10,890' to 10,914' with 125 sacks of class "H" cement. Pull tubing and WOC. Run bit and drill out cement retainer and cement. Test squeezed perforations. Run bit and circulate sand off RBP. Run retrieving tool and pull RBP. Run packer and set at 11,100'. Acidize perforations from 11,170' to 11,204' with 4000 gallons of 20% NEFE HCL. Swab back load and test. Run production tubing and pump. RD and MOSU and return well to production.

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

SIGNED

O.M. Mitchell
O.M. Mitchell

TITLE Sr. Admin. Analyst

DATE 3/28/88

(This space for Federal or State office use)

APPROVED BY

Scott Adams

TITLE

DATE

4-14-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side