Form 3160-5 November 1983) Formerly 9-331) DEPARTMEN OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT				Expires	Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. NM-077002		
				1			
SUNDRY	NOTICES AND REPORT PROPRIES TO PERMIT	ORTS ON	WELLS to a different reservoir.		ALLOTTEE OR T	BIBE NAME	
OIL X GAR	×			7. UNIT AGES	SMAN THEM:		
2. NAME OF OPERATOR Amoco Production Company				8. FARM OR L	8. FARM OR LEASE NAME Nellis Federal		
				Nellis			
3. ADDRESS OF OPERATOR				9. WELL NO.			
P. O. Box 4072, Odessa, TX 79760 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface					Tonto Wolfcamp, West		
660' FSL x 1980' FEL					11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
(Unit 0, SW/4, SE/4)				6-19	6-19-33		
14. PERMIT NO.	15. ELEVATIONS (Show 3680.7	, .	CR, etc.)		R PARISH 13.	NM	
				l Lea		141.1	
	eck Appropriate Box To In	dicate Natur	• • •				
NOTICE	OF INTENTION TO:		8038	EQUENT ESPORT OF	•		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	 	PAIRING WELL		
PRACTURE TREAT	MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING		TERING CABING ANDONMENT*		
REPAIR WELL	CHANGE PLANS	- .	(Other) Recomple		INDORMENT	X	
(Other)			(Note: Report rest Completion or Reco			en	
17. DESCRIBE PROPOSED OR COMPL proposed work. If well is nent to this work.) *	ETED OPERATIONS (Clearly state a directionally drilled, give subsu	ll pertinent det rface locations	ails, and give pertipent da	tes, including estim	sated date of s	tarting any sones perti-	
casing guns and pe RBP, packer and tu gallons of 15% HCl	7. Run CIBP and set rforate from 10,890 bing. Set RBP at 11 . Release and move nd return to product	to 10,914 ,278 and packer to	l and 11,170 to 1 packer at 10,811	.1,204 with Acidize	4 JSPF.	Run O D	
IP: 128 bbl oil, choke.	O bbl water, 145 MCF	at 250 p	osi flowing tubir	ng pressure	on 18/64		
		ACCEP	TED FOR RECORD		SEP TO	RE RE	
		! :	SEP 2 3 1987		- F	0	
			C 7C		_ en	S 4	
		CANS	SJS BAO, NEW MERIC				
18. I hereby certify that the fo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	rle Sr. Ad	dmin. Analyst	DATE -	9-16-87		
(This space for Federal or							
APPROVED BY	TT:	TLE		DATE			
CONDITIONS OF APPROV							

*See Instructions on Reverse Side