

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

NM-077002

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED APR 5 1978 U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company			7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, TX 79336			8. FARM OR LEASE NAME Nellis Federal	
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, Sec. 6 (Unit 0, SW/4 SE/4)			9. WELL NO. 2	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699.7 RDB		10. FIELD AND POOL, OR WILDCAT Und. Buffalo Penn Morrow
				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 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)			

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)		Ran 5 1/2" csg.	<input checked="" 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.)\*

Reached TD of 11,264' 3-5-78. Ran DST #1 11,163'-11,264' Wolfcamp. Drilled to TD of 13,670' 3-25-78. Ran 5 1/2" 17-20-23# N-80 LT&C casing and set at 13,669'. Cement with 1750 sx Trinitylite Water cement + .75% CFR-2 + .25% Flocele followed by 1250 sx Class H + .75% CFR-2 + 5# salt/sx. Plugged down 2:00 P.M. 3-25-78. Ran temperature survey and found top of cement at 855'. Rig released 8:00 A.M. 3-25-78.

Currently waiting on service unit.

DST results attached.

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

SIGNED

*Ray W. Cox*

TITLE

Administrative Supervisor

DATE

3-29-78

(This space for Federal or State office use)

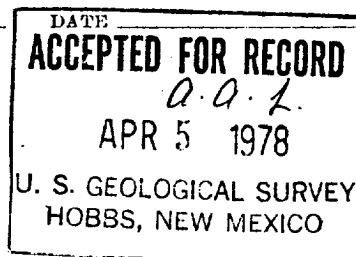
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

0 & 4 - USGS, H  
1 - Div.  
1 - Susp  
1 - RC  
1 - Conoco, H

\*See Instructions on Reverse Side



40362

Oil  
H0385