

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

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		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME Nellis Federal	
3. ADDRESS OF OPERATOR P. O. Drawer "A", Levelland, Texas 79336		9. WELL NO. 2	
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)		10. FIELD AND POOL, OR WILDCAT Und. Buffalo Penn Morrow	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699.7 RDB	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 9-5/8" casing	X
(Other)		(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 5002' 2-7-78. Run 9-5/8" 36# K-55 ST&C and S-80 ST&C & LT&C casing and set at 5001'. Cement with 2400 sx Halliburton Lite + 5#/sx Gilsonite + 8#/sx salt + 1/4#/sx Floseal followed by 200 sx Class C + 2% CACL. Plug down 3:15 P.M. 2/7/78. Circulate 25 sx. WOC 24 hrs. Test casing with 1800# for 30 min. Test ok.

Reduce hole to 8-3/4" and resume drilling.

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

SIGNED Ray W. Cox

TITLE Administrative Supervisor

DATE 2-9-78

(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

ACCEPTED FOR RECORD

FEB 10 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO