

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-077002

6. IF 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 68, Hobbs NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL X 660' FWL
(Unit E, SW 1/4 NW 1/4)

8. FARM OR LEASE NAME

Nellis Federal "A"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Tonto Bone Springs

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

8-19-33

14. PERMIT NO.

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

3667.8' GR

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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. 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 perti-
nent to this work.) *

This is to inform you that the former Nellis Federal No. 4
is now the Nellis Federal "A" No. 4.

0+5 BLM, C 1- J.R. Barnett, Hou Rm 21.156 1-F.J. Nash, Hou Rm
4.206 1- GCC

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

SIGNED

Larry C. Clark

TITLE

Asst. Admin. Analyst

DATE

10-12-84

(This space for Federal or State office use)

APPROVED BY

SWQ

TITLE

DATE

CONDITIONS OF APPROVAL
OCT 27 1984

*See Instructions on Reverse Side

Carlsbad NEW MEXICO