

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM - 077002

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Nellis Federal #9

9. API Well No.

30-025-26008

10. Field and Pool, or Exploratory Area

Buffalo Yates

11. County or Parish, State

Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company Rm. 16.108

3. Address and Telephone No.

P.O. Box 3092 Houston, TX 77253 (713-584-7213)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNLX 1980' FWL (Unit F)

Sec. 5, T-19S, R-33E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other **FRACTURE**

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

MIX RUSU X POH W/ PROD EQUIPT

RIH W/ TBG X PKR X SET PKR @ 3550' X LOAD BACKSIDE W/ 270 KCL

RUN BEFORE TREATMENT TEMPERATURE X GAMMA RAY SURVEY

**FRAC DOWN TBG @ 12 BPM W/ 8000 GALL LINEAR FRAC FLUID X
12000 LBS SAND**

RUN AFTER TREATMENT TEMPERATURE X GAMMA RAY SURVEY

SHUT-IN WELL OVERNIGHT

SWAB TO CLEAN UP

POH W/ PKR

CLEAN OUT SAND X RUN PROD EQUIPT X RETURN TO PRODUCTION

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

Signed **H. J. Beaman**

Title **Stf. Admin. Analyst**

Date **10-21-92**

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date **11/3/92**