

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		8. FARM OR LEASE NAME Nellis Federal
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 1980' FWL Unit F(SE/4 NW/4)		10. FIELD AND POOL, OR WILDCAT Buffalo Perm <i>Yates</i>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-19-33
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699.7 GL		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 type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)*

MI and RUSU. Perf 3464-3478 with 4" casing gun 4 JSPF. Pump 1000 gal of Xylene into perfs 3540-60. Set RBP at 3520 packer at 3411. RIH Gamma Ray temp survey. Acid perfs 3464-78 1400 gal 15% HCL. Run post Gamma Ray temp survey. Swab and recover 32 BLW. Frac perfs 3464-78 with 2000 gals of 30# HPG cross-linked 2% KCL FW and 4000# of 12/20 mesh Ottawa sand. Well would not give up fluid. Pump 250 gals Xylene and 250 gal Super ASOL down casing. Displace with 40 BO. Would not give up fluid. RIH with packer and set at 3511. Swb HOG dry and pump 500 gal 7-1/2% HCL and 250 gal Xylene, 250 gal Super ASOL, 1000 gal CO2. Swab and RD and MOSU.

PPWO: 43 BOPD X 25 BWPD X 80 MCFD.
PAWO: 25 BOPD X 14 BWPD X 45 MCFD.



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

SIGNED *Leo Brownlee*

TITLE Admin. Analyst

DATE 4-7-87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

GS

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR 13 1987

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO