

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-077002</i>
2. NAME OF OPERATOR <i>AMOCO PRODUCTION COMPANY</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. BOX 68 HOBBS, NEW MEXICO 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL x 1980' FNL</i> <i>(UNIT F, SE1/4, NW1/4)</i>	8. FARM OR LEASE NAME <i>Nellis Federal</i>
14. PERMIT NO. <i>300252-6091</i>	9. WELL NO. <i>3</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>399.7' GL</i>	10. FIELD AND POOL, OR WILDCAT <i>Und. Yates - Seven Rivers</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>6-19-33</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <i>Operations Commencement</i>	
(Other) <input 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.) *

Re-entry operations commenced 12-6-85 on the subject well.

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - CMH

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

SIGNED *Charles M. Loring* TITLE *Administrative Analyst (SG)* DATE *12/10/85*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MD

*See Instructions on Reverse Side

12/12/85

DEC 12 1985

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H. 201-1111