

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-1177-A
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 3092, Houston, TX 77253	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FSL X 2130 FEL (Unit 0; SW/4, SE/4) Sec. 33; T-18-S; R33E	8. Well Name and No. Federal AB #1
	9. API Well No. 30-025-26829
	10. Field and Pool, or Exploratory Area South Corbin-Wolfcamp
	11. County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Temporarily Abandon	<input type="checkbox"/> 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.)*

Rig up 11/19/91
POH w/production equip.
Set CIBP at 11150' & cap w/35' cmt. Test CIBP & csg to 500 PSI - OK. Left 500'
2-3/8" tbg in well for kill sting.
Rig released 11/22/91
Well T&A'd.

APPROVED FOR 12 MONTH PERIOD

ENDING 11/21/91

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

Signed Kim A. Gelmin Title Asst. Administrative Analyst Date 12/11/91

(This space for Federal or State office use)

Approved by _____ Title PETROLEUM ENGINEER Date 1/2/92
Conditions of approval, if any: _____

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