

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 177-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P. O. Box 3092, Houston, TX 77253

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; 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
- Temporarily Abandon
-
- CASING INTEGRITY
-
- TEST

- ☐
- 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.)*

NOTIFY BLM AT (505) 393-3612 PRIOR TO TESTING CASING.

MI RUSU. POH w/production equipment & lay down.

Set CIBP @ 11,150' & cap w/35' cement. Load hole w/treated fluid.

Pressure test casing to 500 PSI for 15 min.

Rig down & move off service unit.

SUBMIT SUBSEQUENT SUNDRY NOTICE REPORT
WITH THE CASING PRESSURE TEST CHART
TO BLM FOR T.A. APPROVAL.RECEIVED
NOV 21 11 34 AM '91
CARLSB. AREA

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

Signed Kim A. Colvin Title Asst. Admin. Analyst Date 11/18/91

(This space for Federal or State office use)

Approved by Adam S. Camach Title _____ Date 11/25/91
Conditions of approval, if any: