

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-077002
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		8. FARM OR LEASE NAME Nellis Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (Unit G, SW/4 NE/4) 1980' FNL x 1980' FEL		9. WELL NO. 4
10. FIELD AND POOL, OR WILDCAT Buffalo Yates		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-19-33
14. PERMIT NO. 30-025-29680	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3765.8 KB	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:		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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(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.)*

MI and RUSU. POH production equipment. Perf interval 3548-64. 4 JSPF. Set packer at 3515. Acidize with 1600 gals 15% HCL. Communion ran after Gamma Ray temp survey. Set packer at 3395. Packer and tubing tested OK. Appears to have communicated behind casing. Acid all perfs with 2500 gal 15% HCL. RD amd MOSU. Return to production.

PPWO: 4 BOPD x 2 BWPD x 0 MCFD.
PAWO: 1 BOPD x 3 BWPD x 14 MCFD.

ACCEPTED FOR RECORD

APR 27 1987

CARLSBAD, NEW MEXICO

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

SIGNED Steve Brownlee TITLE Admin. Analyst DATE 4-21-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side