

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-077002	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		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 (Unit G, SW/4, NE/4) 1980' FNL X 1980' FEL		8. FARM OR LEASE NAME Nellis Federal	
14. PERMIT NO. 30-025-29680		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3705.8 KB8		10. FIELD AND POOL, OR WILDCAT Buffalo Yates	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-19-33	
		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"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Propose to open additional pay and stimulate. Hot oil well one day before MI&C RU. MI and RUSU. Kill well with 2% KCL fresh water. POH with rods and pump and tubing. Perforate the interval 3548-3564' with 3-1/8" casing gun at 4 JSPF and 90° or 120° phasing. RIH with 2-7/8" N-80 tubing and set packer at 3498. Swab test the interval & evaluate productivity. If wet, it will be abandoned. Acidize the interval as follows: Run base GR/Temp survey. Pump 1600 gal of 15% HCL at 3-4 BPM. Add 3 gal WA-212, 2 gal WA-211 and 10 gal citric acid. Tag acid with RA material. Flush to perfs. Run GR/Temp survey. Swb test and evaluate productivity. If the zone swabs dry or test oil and gas, fracture stimulate as follows: Load tubing and annulus. Put pump truck on annulus. Pump 2000 gals of 30# HPG cross-linked 2% KCL fresh water and 4000# of 12/20 mesh OTTAWA sand. Pump at 15 BPM. Set breaker for 12 hrs. Add 2 gal/1000 gal of WA-212. Avg treating pressure 2500#. Max pressure 7000#. Shut-in overnight. Swab and check for sand. Once cleaned up. POH with tubing. RIH with tubing and set sn at 3570. RIH with production equipment. RD and MOSU.

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

SIGNED

S. Brownlee
S. Brownlee

TITLE

Admin. Analyst

DATE

3-3-87

(This space for Federal or State office use)

APPROVED BY

Orig. Sgd. *S. Brownlee*

TITLE

DATE

3-10-87

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side