

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME <i>Nellis Federal</i>
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. WELL NO. <i>4</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FAL x 1980' FEL</i> <i>(UNIT G, SW/4, NE/4)</i>	10. FIELD AND POOL, OR WILDCAT <i>Und. Water Seven Rivers</i>
14. PERMIT NO. <i>30-025-29680</i>	11. SEC., T., R., M., OR BLK. AND FRAC. OR AREA <i>6-19-33</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3694.3' GR</i>	12. COUNTY OR PARTON <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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <i>Status update</i>	

(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.)\*

*Commenced pump testing 6-21-86. Pump tested 16 days. Last 24hrs recovered 880x OBW x 30MCF. No further report until additional work is performed.*

ACCEPTED FOR RECORD

*Good*

AUG 19 1986

CARLSBAD, NEW MEXICO

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

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

SIGNED

*Charles M. Derring*

TITLE Administrative Analyst (SG)

DATE

*7-29-86*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side