

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on
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.)

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 Nellis Federal
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 ' FNL x 1980 ' FEL (UNIT G, SW1/4, NE1/4)	10. FIELD AND POOL, OR WILDCAT Lind. Gates Seven Rivers
14. PERMIT NO. 30-025-29680	11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA 6-19-33
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3694.3' GR	12. COUNTY OR PARTIAL 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Status update ☒

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

MISU 7-25-86 and POHW/ rods and pump. RIHW/ packer and set at 3333'. Fracture stimulated Gates intervals 3485'-3494' with 13,500 gals 30# HPG gelled cross linked 2% KCl, 6,000 gals CO₂, and 29,175 #12/20 mesh sand. Flushed to bottom of packer w/ 19 Bbls gelled 2% KCl water. Shut-in 2 hrs. Flowed back load for 11 hrs. POHW/ packer and drained out sand to 3695'. Swabbed 7.5 hrs and recovered 13 BDX 110 BLW. MOSU 7-30-86 and resumed pump testing.

ACCEPTED FOR RECORD

SWD

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. Herring

TITLE Administrative Analyst (SG)

DATE 8/5/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side