

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions
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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-077002</u>
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>	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 <u>1980' FNL x 1980' FEL</u> <u>(UNIT G, SW/4, NE/4)</u>	8. FARM OR LEASE NAME <u>Nellis Federal</u>
14. PERMIT NO. <u>30-025-29680</u>	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3694.3' GR</u>	10. FIELD AND POOL, OR WILDCAT <u>Und. Yates Seven Rivers</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>6-19-33</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 COMPLETE

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 6-12-86. RIH w/bit and drilled out to 3695'. Pressure tested casing 1500 psi for 30 mins. - ok. Displaced hole w/110 BW. Perforated 3485'-3494' w/8 SPF. RIH w/packer and set at 3500'. Spotted 50 gals 15% NEFE HCl. Pulled up and set packer at 3390'. Acidized w/950 gals 15% NEFE HCl and flushed w/30 BW. Pumped 6000 gals 30* HPG gel, 1500 gals 30* gel with 1.5* 20/40 Sand, 2500 gals 30* HPG gel with 2.5* 20/40 sand, and 1300 gals 30* HPG gel with 4* 20/40 sand. POH w/tubing and packer. RIH and cleaned out from 3658'-3698'. Landed tubing at 3517'. Swabbed 8 hrs and recovered 88 BW and 8 BO. Blew down well and recovered 6 BW and 6 BO. Made 4 Swab runs and recovered 8 BO w/good show of gas. Ran rods and pump.
MOSU 6-18-86. Preparing to Pump test.

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

6/19/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

JUN 23 1986

*See Instructions on Reverse Side