UNIT > STATES DEPARTMENT OF THE INTERIOR verse side)

SUBMIT IN TRIPLIC

Form approved, Budget Bircau No. 42 R1424

GEOLOGICAL SURVEY

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.) 7. UNIT AGREEMENT NAME WELL OTHER SALT WATER WIS POSAL 8. FARM OR LEASE NAME Amoco Production Company BATE, WELL NO. TEDERAL 3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 10. FIELD AND POOL, OR WILDCAT 330 FNLX 1980 FWL Sec. 35 (Unit C, 18E/4 NW/4) 35-19-33 NMPM 14. PERMIT NO. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING FRACTURE TREAT SHOOTING OF ACIDIZING SHOOT OR ACIDIZE ABANDON* ABANDON MENT* Too Sw Dwell REPAIR WELL CHANGE PLANS of multiple completion on Well (NOTE: Report result of multiple completion on W 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.) This well was re-entired cleaned out to old TDY and despend to Kan 27/8" plastic lined tubing all packer set at 2970'. W/ 22000 tension Sorted annulus W/ west fluid and installed pressure gauges. In rate. 90 BPU. OC-10-23-72 TD- 3514' Olin Hole-3484-5511 Sideral #1 AREA SUPERINTENDENT TITLE (This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY: 0+4- USGS-11

1- DW

APPROVED BY

1-5050 1-RR4

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*See Instructions on Reverse Side S. GEULUGIUME DUNVEY HOBBS, NEW MEXICO