

November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

BLM Form No. 1004-0.35
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>PA</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-16350</i>
2. NAME OF OPERATOR <i>AMOCO PRODUCTION COMPANY</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. BOX 68 HOBBS, NEW MEXICO 88240</i>	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 <i>660' FNL x 660' FEL (UNIT A, NE1/4, NE1/4)</i>	8. FARM OR LEASE NAME <i>Federal "CQ"</i>
14. PERMIT NO. <i>300252784600</i>	9. WELL NO. <i>1</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3751.4' GL</i>	10. FIELD AND POOL, OR WILDCAT <i>Ind. Yates</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>18-18-32</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 8-26-85 and POH with production equipment. RIH with CIBP and set at 2474'.
Displaced hole with 70 BBHs brine gel. Capped CIBP with 15 SX class C cement. Pulled tubing to 800' and pumped 25 SX class C cement. Pulled tubing to 95' and pumped 20 SX class C cement. Cut-off well head and installed dry hole marker. MISU 8-28-85.*

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

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

SIGNED *Charles M. Hervey*

TITLE *Administrative Analyst*

DATE *9-13-85*

(This space for Federal or State office use)

APPROVED BY *[Signature]*
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *1-16-86*

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED
JAN 24 1986
O.C.
HOBBS SPACE