

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

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 ☐
2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY
3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL x 660' FEL
(UNIT A, NE 1/4, NE 1/4)
14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3751.4' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-16350
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal "ca"
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Und Yates
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
18-18-32
12. COUNTY OR PARISH
Lea
13. STATE
NM

16. 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)*

Propose to: MISD and kill well w/ 10 ppg brine. POH w/ production equip. RTH w/ CIRBP and SA 2474'. Cap w/ 100' class 'c' neat cmt, putting a plug across the top of the Yates and across the 8 5/8" csg shoe. Circ hole w/ gelled plugging mud consisting of 10# brine w/ 25 sx gel / 100 bbl water, w/ tbg, spot 25 sx class "c" neat cmt from 800' to 553', covering the 11 3/4" csg shoe at 700'. Spot a 10 sx surface plug of class "c" neat cmt (100'). Cap well and erect PxA marker. MOSD and clean location.

0 + 5 BLM-C, 1 - JRB, 1 - FJN, 1 - NLG,
18. I hereby certify that the foregoing is true and correct

SIGNED Theresa J. Galt TITLE Administrative Analyst DATE 17 July 1985
(This space for Federal or State office use)
APPROVED BY Don W. Ward TITLE Acting DATE 8-19-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
AUG 20 1985
C.C.D.
HOESS OFFICE