Form 3160-5
November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-18232
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Federal "AM"
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: N Young - Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32
12. COUNTY OR PARISH: Lea
13. STATE: NM

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: 1980' FNL X 1980' FWL Unit F, SE/4 NW/4
14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3789.8' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Final Report			☒
(Other)				(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.)*

Rigged up Wireline and perfed 8258'-66', 8282'-96', 8314'-22', and 8334'-8492' w/ 2 JSPF. Rigged down WL and RIH w/ PPI pkr and 2-7/8" tbg. Pkr SA 8232. Swb for 7 hrs. RU WL and ran Base Temp Survey. Acidized perfs 8492'-8258' w/ 10,000 gal 15% HCL w/ add. (500 gal / 10' interval). Flushed w/ 56 bbl 2% KCL FW. Picked up pkr and SA 8100'. Pumped 10,000 gal 15% HCL w/ 480 ball sealers throughout job. Ran after acid survey. Ran swab for 1½ hrs and well started to flow. Killed well, rel pkr, and POH w/ tbg and pkr. Ran 2-7/8" SN, 9 jts 2-7/8" tailpipe, 5½" anchor, and 2-7/8" tbg. SN LA

O+5-BLM-C, 1-JRB, 1-FJN, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

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

SIGNED [signature] TITLE Administrative Analyst DATE 7 May 1985

(This space for Federal or State office use)

APPROVED BY ~~ACCEPTED FOR RECORD~~ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

O+5 BLM-C, 1-JRB, 1-FJN, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

MAY 10 1985

CARLSBAD, NEW MEXICO

*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.

8572' and Ancha SA 8227'. Removed BOP and installed tree. Began flow testing 5-1-85. MOSU 5-2-85 Well turned over to production flowing 278 BOPD X 4 BWPD X 170 MCFD.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: AMOCO PRODUCTION COMPANY

Address: P.O. Box 68 Hobbs, NM 88240

Reason(s) for filing (Check proper box)

- [X] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain): Request 2,000 bbl. testing allowable for the North Young Bone Springs

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal "AM"	1	North Young - Bone Springs	State, Federal or Fee Federal	NM-18232

Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West

Line of Section 8 Township 18-S Range 32-E , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company (Trucks)	P.O. Box 1558 Breckenridge, TX
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	8	18-S	32-E	NO	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: *Complete Parts IV and V on reverse side if necessary.*

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

Administrative Analyst
(Title)

22 April 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 1985, 19__

BY [redacted]

TITLE [redacted]

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

0+5 NMOCD-H, 1-JRB, 1-FJN, 1-NLG
1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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November 1983)
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UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC (Other instructions o e- verse side)

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Budget Bureau No. 1004-0135
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SUNDRY NOTICES AND REPORTS ON WELLS

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N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Amoco Production Company

3. ADDRESS OF OPERATOR: P.O. Box 68 Hobbs, NM 88240

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' FWL Unit F, SE/4, NW/4

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FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[X]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Status Update			
(Other)				(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 4-12-85 and DO to 10,420. Prs tested csg to 1000 psi for 30 min - OK. Ran CBL from 10,420' - 7000'. POH and RIH w/ 3-1/8" csg. gun and perf 9046' - 56' w/ 4 JSPF. POH and RIH w/ Inj pkr, Pkr unset at 9047'. RU WL and run temp tool. Unable to go through pkr, POH. Drop RFC and FL plug and acidized each 1 foot interval with 100 gal/ft. 15% HCL w/ additives. PU pkr to 8901' and acidized perfs w/ 1000 gal 15% HCL w/ additives. Swabbed 12 hrs and recovered 92 BLW and 10 BO MOSU 4-19-85 and MISU 4-19-85. POH w/ tbg and PPIP. RU WL and R- 5 1/2" CIBP. SA 9000'. PRS tested to 1000 psi - OK. Capped w/ 35 ft cmt and SION. Currently preparing to perf.

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

SIGNED Nora L. Gates TITLE Administrative Analyst DATE 22 April 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1985

CARLSBAD, NEW MEXICO

0+5-BLM,C, 1-JRR, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services

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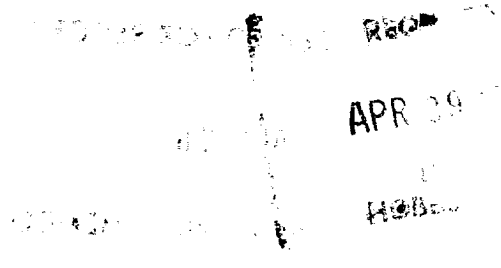
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