

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

E-
re

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	N. M. OIL CONS. COMMISSION	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Amoco Production Company</i>	P. O. BOX 1980 HOBBS, NEW MEXICO 88240	8. FARM OR LEASE NAME <i>Federal "AM"</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 68, Hobbs NM 88240</i>		9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL X 1980' FWL (Unit F, SE/4 NW/4)</i>		10. FIELD AND POOL OR WILDCAT <i>N. Young Bone Springs</i>
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA <i>8-18-32</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>3789.8' GR</i>	12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <i>Production startup</i> <input checked="" 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.)*

This is to inform you that production from swab testing began 4-17-85 on the subject well. Recovered 92 BLW and 10 BO in 12 hrs.

0+5 BLM,C CC: BLM,R 1-JRB 1-FJN 1-GCC 1-Galaxy 1-Belco, 1-Gulf, Mid, 1-Cities Service

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

SIGNED

Larry C. Clark

TITLE

Admin Analyst

DATE

4-18-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

APR 23 1985

O.C.D.
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR <i>Amoco Production Company</i>	3. ADDRESS OF OPERATOR <i>P.O. Box 68, Hobbs NM 88240</i>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL X 1980' FWL (Unit F, SE/4 NW/4)</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-18232</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME <i>Federal "Am"</i>	9. WELL NO. <i>1</i>	10. FIELD AND POOL, OR WILDCAT <i>Wildcat Wolfcamp</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>8-18-32</i>	12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>NM</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3789.8' GR</i>											

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)

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 and 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.)

Drilled to TD of 10500' and on 4-3-85 set 5 1/2", 17", N-80+K-55, csg.
Csg set at 10500'. Cemented 1st stage with 765 sxs class H' cmt w/add.
Bumped plug 11:59 p.m. 4-3-85. Opened DV tool 12:30 A.M. 4-4-85 and circ
out 125 sxs. Circ 4 hrs and cemented 2nd stage with 1000 sxs class
H' Lt. W/add. Tailed in with 400 sxs class H' neat. Plug down 6:20 a.m.
4-4-85 and circulated 203 sxs. Csg test will be performed when MISH.
No further report until MISH.

0+5 BLM, C 1-JRB 1-FJN 1-GCC 1-Galaxy 1-Belco 1-Hulford 1-Cities Serv.

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

SIGNED *Gary C. Clark*

TITLE *Admin. Analyst*

DATE *4-8-85*

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 11 1985

*See Instructions on Reverse Side

RECEIVED
APR 12 1985
HONORS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

TE
re

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.

10. FIELD AND POOL, OR WILDCAT

Wildcat Wolfcamp

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

8-18-32

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FNLX 1980' FWL
(Unit F, SE 1/4 NW 1/4)

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:

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)

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 perti-
nent to this work.)*

Drilled to TD of 2803' and on 3-6-85 set 8 5/8" 32" K-55. csg. Csg set
at 2800'. Cemented with 1050 sbs of class C Lt Wadd and 400 sbs class 'c'
neat. Plug down 12:45 p.m. 3-6-85 and circulated out 338 sbs. WOC 18 hrs,
tested BOP to 5000 psi and Hydril to 3750 psi, tested OK. Tested csg to 1500
psi for 30 min, tested OK. Reduced bit to 7 7/8" and resumed drilling.

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

SIGNED

Mary C. Clark

TITLE

Asst. Admin. Analyst

DATE

3-8-85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

ACCEPTED FOR RECORD

TITLE

DATE

MAR 12 1985

*See Instructions on Reverse Side

RECEIVED

MAR 13 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-18232

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 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)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Am

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Wolfcamp

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

8-18-32

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3789.8' GR

12. COUNTY OR PARISH

Lea

NM

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

☐
☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud + csg. setting

☒

(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.)*

Spud 9:00 A.M. 2-25-85 and drilled 38' of 24" starting hole. Set 38' of 20" conductor and cemented with 3 yds Redi-mix. Sierra Rig #3 moved in 2-26-85 and began continuous drilling operations 2-28-85 with a 17.5" bit. Drilled to TD of 406' and on 2-28-85 set 13 3/8" 54.5' K-55 csg. Csg set at 406' and cemented with 450 sxs class C w/add. Plug down 11:20 p.m. and circ. 90 sxs. Witnessed by Mr. Bisher of BLM. WOC 18 hrs. Tested csg and BOP to 1500 psi for 30 min, OK. Reduced bit to 12 1/4" and resumed drilling.

0+5 BLM, C 1-JRB 1-FIN 1-GCC 1-Halang 1-Belov 1-Half, Mid. 1-Cities Serv.

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

SIGNED

TITLE

Asst. Admin. Analyst

DATE

3-4-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SWR

*See Instructions on Reverse Side

RECEIVED

MAR -7 1985

6-10-85
HOSPITAL

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1980' FNL X 1980' FWL

At proposed prod. zone (Unit F SE/4 NW/4)

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

8 miles South-Southwest of Maljamar, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

10700

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3789.8' GR

22. APPROX. DATE WORK WILL START*

1-1-85

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	400'	Circulate to surface
12-1/4"	8-5/8"	32,24#	2800'	Tie back to 13-3/8 400'
7-7/8"	5-1/2"	17,15.5#	10700'	Tie back 500' above 2nd Bone Spring Carb. 7630'

Propose to drill subject well to Wolfcamp formation and test. If Wolfcamp is nonproductive test and complete in Bone Springs. After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting commercial production.

BOP Diagram attached.

Archaeological Survey attached

Designation of Operator attached

Mud Program: 0 - 400 Fresh Water/Spud

400 - 2800 Brine

2800 - TD Cut Brine

0+5-BLM, Carlsbad 1-JR Barnett, HOU Rm. 21.156 1-F J Nash, HOU Rm. 4.206 1-GCC 1-Galaxy

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Mary C. Clark

TITLE

Assist. Admin. Analyst

DATE

12-13-84

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

12-21-84

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

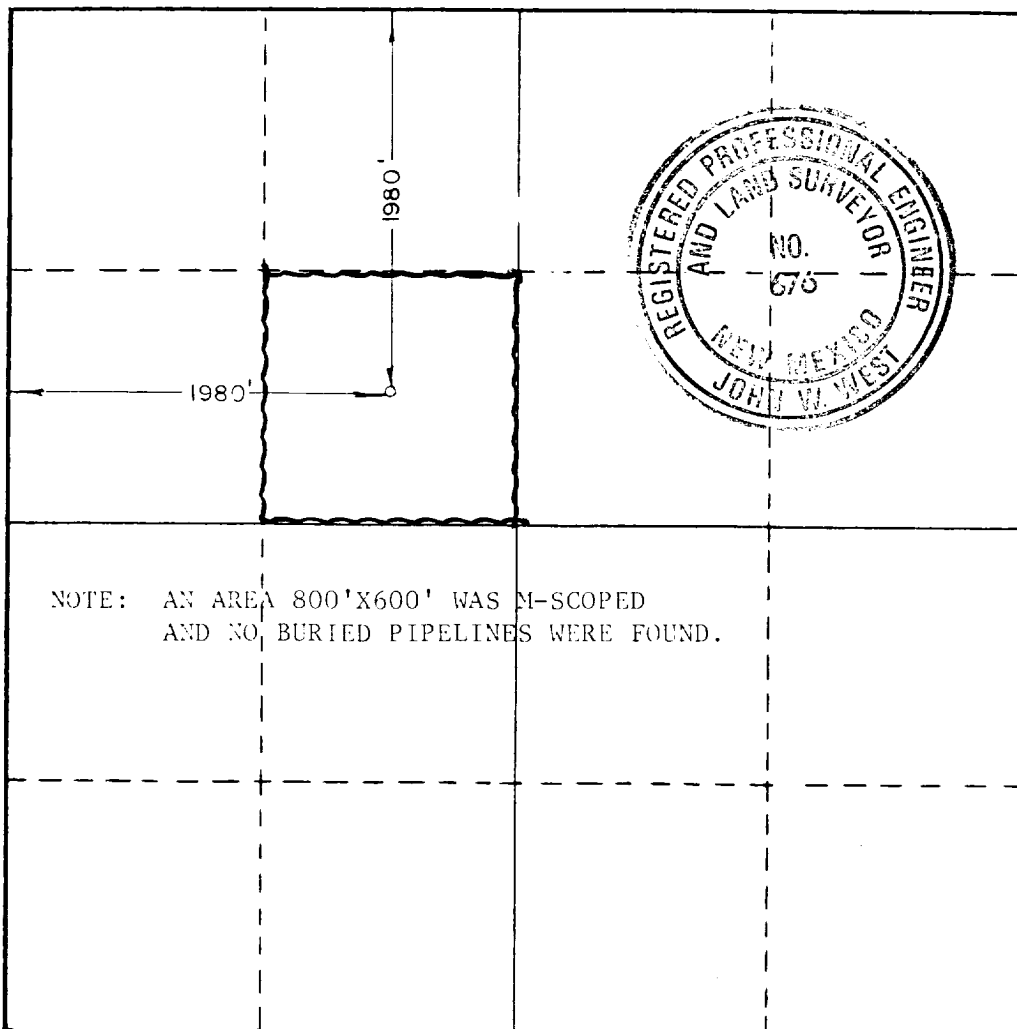
Operator AMOCO PRODUCTION COMPANY			Lease Federal AM		Well No. 1
Unit Letter F	Section 8	Township 18S	Range 32E	County LEA	
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the WEST line					
Ground Level Elev. 3789.8	Producing Formation Wolfcamp		Pool Wildcat Wolfcamp	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Harry C. Clark
Position Assist. Admin. Analyst
Company AMOCO PRODUCTION COMPANY

Date 12-13-84

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 11/29/84

Registered Professional Engineer and/or Land Surveyor

Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500

FEDERAL "AM" No. 1
Blowout Preventer Schematic
3000# W.P. Two-Ram BOP

