_	<u> </u>		Form approved.
Form 3160-5 November 1983)	UNI D STATES	SUBMIT IN TRIPL	Budget Bureau No. 1004-013
Formerly 9-331)	DEPARTMENT OF THE INT		Expires August 31, 1985
	BUREAU OF LAND MANAGE		5. LEASE DESIGNATION AND BERIAL NO.
	BUREAU OF LAND MANAGE		NIII- 18232
SUND	RY NOTICES AND REPOR	TS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	orm for proposals to drill or to deepen or Use "APPLICATION FOR PERMIT-" for		
	Use "APPLICATION FOR PERMIT—" for a	such proposals.)	
1. OIL NZ GAS (***			7. UNIT AGREEMENT NAME
WELL X WELL	OTHER	N. M. OIL CONS. COMMISSI	
2. NAME OF OPERATOR	1 1: A	P. O. BOX 1980	8. TARM OR LEASE NAME
(Imoco Pr	oduction Company	HOBBS, NEW MEXICO 8	Federal Am"
3. ADDRESS OF OPERATOR			9. WBLL NO.
P.O. Box 6	B. Hotes nm 2824	0	
4. LOCATION OF WELL (Rep	ort location clearly and in accordance with	any State requirements.*	10. FIELD AND POOL OR WILDCAT
See also space 17 below At surface	1980'FNLX 1980'FW		A 1/2 Rev Sector
			1. young lone sung
	(Unit F. SE/4 N	W/4)	SURVEY OR AREA
		<i>,</i>	0 10 2-
14. PERMIT NO.			8-18-32
II. IBABILI NO.	15. ELEVATIONS (Show whet		12. COUNTY OR PARISH 13. STATE
	3789.	8 GK	I Iva nm
16.	Check Appropriate Boy To India		
	Check Appropriate Box To Indice	ire indivice of Notice, Report, or	Other Data
NO	TICE OF INTENTION TO:	SUBSI	QUENT REPORT OF :
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE		REPAIRING WELL
SHOOT OR ACIDIZE	ABANDON•	FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL	CHANGE PLANS	SHOOTING OF CIDIZING	An Alan An
(Other)		(Other) ////////////////////////////////////	its of multiple completion on Well
		COMDIECTOR OF RECOV	Diefion Report and Last description
proposed work. If w nent to this work.) *	ell is directionally drilled, give subsurface	locations and measured and true vert	es, including estimated date of starting unj ical depths for all markers and gones perti
itent to this work.)			
gan 4-17-8: 12 hrs.	form you that pr 5 on the subject n	ell. Recovered 9	Wal Lelling 2 BLW and 10 BC
	× ·		
AIMO. AN. AL	M, R I-JRB I-FJN 1-6	CC 1- Coloris I-A	la 1- Hull med
		Ecc 1-Galary 1-Be	ico, i fingi
18. I hereby certify that the	foregoing is true and correct	1	1-citres Service
М.	Alla. L	AL. ALL	11 10 -
SIGNED Mary	C. Clark	uamen margat	<u>DATE</u> _ <u>4-18-85</u>
This share for the	or State office pro-		
(This space for Federal	or State Onice UBe)		
APPROVED BY			
CONDITIONS OF APPR			DATE
	\$C 1	ions on Reverse Side	
	"Nee Instruct	ODS OD KOVERE Nide	

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.

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APR 28 1985

BURE	UNI D STATES MENT OF THE INTER AU OF LAND MANAGEMEN	NT	
(Do not use this form for prop Use "APPLI	TICES AND REPORTS losals to drill or to deepen or plug CATION FOR PERMIT—" for such	back to a different reservoir.	
I. OIL GAS GAS WELL WELL OTHER		b. (1)	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Procluctu 3. ADDRESS OF OPERATOR	on Company	P. O. EOM 1983 Hobers, her Memboli	8. FARM OR LEASE NAME Frederal AM" 8. WELL NO.
P.O. BOX 68, A LOCATION OF WELL (Report location	clearly and in accordance with an	y State requirements.*	10. FILL AND, POOL, OR WILDCAT
	NL X 1980' FWL & F, SE/4 NW/4)		Jildcat Wolcamp 11. SEC., T., B., M., OCALE. AND SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether I	DF, RT, GR, etc.)	8-18-32 12. COUNTY OR PARISH 13. STATE
16. Ch a-lu A	3789.8	GR	Liea nm
NOTICE OF INTE		Nature of Notice, Report, or C	Other Data
TEST WATEB SHUT-OFF	PCLL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING WELL ALTERING CABING ALTERING CABING ALTERING CABING ALTERING
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct	PERATIONS (Clearly state all pertine	ist details and of a state state	of multiple completion on Well etion Beport and Log form.) including estimated date of starting any il depths for all markers and zones perti-
			H depths for all markers and gones perti- H , $N-80 \neq K-55$, CSQ .
(sg set at 10500. (emented 1st stay	& with 765 214	Class H'emt Wadd.
Bumped plug 11:59 p.m.	. 4-3-85. Opened	DV tool 12:30 A.M	1. 4-4-85 and circ
H' Lt. W/add. Tailes	in with 400	sus class H'ne	rat. Plug bown 6:204m.
out 125 sva. Circ 4 H' Lt. W/add. Tailes 4-4-85 and circulates No further report un	203 srs. lig til mtsu	test will be perp	ormed when mISU.
0+5 BLM, C 1-JRB 1-FJN 1-		Belco 1- Aulfsmich 1	- Citer Serv.
18. I hereby certify that the foregoing SIGNED Aug C.	s true and correct	Ednin. Analyst	DATE 4-8-85
(This space for Federal or State off			
APPROVED BY ACCEPTED FOR CONDITIONS OF APPROVAL, IF	C. E.		DATE
APR 1	1 1000	s on Reverse Side	

Title 18 U.S.C. Section 1901 makes it a oping coany person knowingly and willfully to make to any department or agency of the United States any false, includes of Haudulent statements or representations as to any matter within its jurisdiction.

APR 1.2 1985

Form 3160-15 November 1983)	JN D STATES	SUBMIT IN TRIPL CE.	Form approved. Budget Bureau No. 1004-0135
Formeriv 9-331)		RIOR verse side)	Expires August 31, 1985 5. LEASE DESIGNATION AND BERIAL NO. MM - 1822
SUNDRY NOTION	CES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL GAS OTHER		· · · · · · · · · · · · · · · · · · ·	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Production	on Company		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 68, Holle	1 NM 88240		9. WBLL NO.
4. LOCATION OF WELL (Report location cle See also space 17 below.) At surface /9	BO'FNLX 1980'F Unit F, SE/4 NW		10. FIELD AND POOL, OR WILDCAT Wildcat Wolcamp 11. SEC., T., R., M., OR E.K. AND BURYBY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether D 3789 8	F, RT, GR, etc.)	8-/8-32 12. COUNTY OF PARISH 13. STATE
16. Check App	propriate Box To Indicate 1	A Nature of Notice, Report, or O	ther Data
NOTICE OF INTENTI	ס ד א ס:	1	INT REPORT OF :
FRACTURE TREAT MU SHOOT OR ACIDIZE AB	LL OR ALTER CASING	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WELL ALTEBING CABING ABANDONMENT [•] Cay SOC [•] , of maitiple completion on Well
17. DESCRIBE PROPUSED OR COMPLETED OPERA proposed work. If well is directiona nent to this work.)	<u>, -</u> Л	it details, and give pertinent dates, it details, and measured and true vertical	including estimated date of starting any depths for all markers and zones perti-
Fulled to 7D of 280: 2800' Cemented with at Plus lown 12:45	3' and on 3-6- h 1050 sus of cl p.M. 3-6-85 an	ass C It wald a	, K-55. csg. Csg sel nd 400 sNo class C' 338 SNO. WOC 18 hr
to BOP to 5000 psi a i for 30 min, tested i		750 psi, tested OK. to 7 % and 10	Tested csq to 1500
5 BLM, Carlsbod I-JRB	I-FJN I-GCC I-	Galary 1- Beleo 1-	Auf, Mid, 1-atress
18. I bereby certify that the foregoing is an SIGNED LANG CLARK	ue and correct TITLE		JATE 3-8-85
(This space for Federal or State office u ACCEPTED F(OR RECORD		
ACCEPTED FC APPROVED BY CONDITIONS OF APPROVAL, IF ANY	OR RECORD TITLE		DATE
ACCEPTED F	OR RECORD TITLE	on Reverse Side	DATE

THE STEP MAR 1 3 1985 C.D. Maria

Form 3160-5 November 1983)	UNITI STATES	SUBMIT IN TRIPLICA	Form approves Budget Bureau Expires Augus	No. 1004-0135
Formerly 9-33T) DEPA	RTMENT OF THE INTER	RIOR verse side)	5. LEASE DESIGNATIO	N AND BERIAL NO.
BU	REAU OF LAND MANAGEMEN	NT		-32
	OTICES AND REPORTS roposals to drill or to deepen or plug PLICATION FOR PERMIT-" for such		8. IF INDIAN, ALLOTT	EE OR TEIDE NAME
I. OIL GAB OTH			7. UNIT AGREEMENT 1	AME
2. NAME OF OPERATOR			8. TARM OR LEASE N.	ME
amoco Produc	tion Company			Am
3. ADDRESS OF OPERATOR P.O. BOX 68. \$	lobbs nm 88240		9. WELL NO.	
 LOCATION OF WELL (Report locat See also space 17 below.) 		•	10. FIELD AND POOL.	OF WILDCAT
At surface 19	80 FNL X 1980 FWL		Wildcar Wo	ycamp
	(Unit F, SE/4 NW,	14)	SURVEY OR ARE	A
14		······································	8-18-	32
14. PERMIT NO.	15. ELEVATIONS (Show whether 3789.8		12. COUNTY OF PARIS	H 13. STATE
16. Charl	Appropriate Box To Indicate			
	NTENTION TO:		Other Data	
TEST WATER SHUT-OFF	PCLL OR ALTER CASING	F		
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF	ALTERING	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONM	ENT*
(Other)	CHANGE PLANS	(Other) (Norr : Report result	s of multiple completion	on Well
17 DESCRIBE PROPOSED OR COMPLETE	D OPERATIONS (Clearly state all pertine rectionally drilled, give subsurface loc	aut details and give portinent date	pletion Report and Log f s, including estimated de cal depths for all marke	A
und 9:00 A.M. 2-	25-85 and Doil	loa 38 of 24"	tarting her	e. Sot.
and most first of	LA	il a la la	in the first of the second sec	
20 conductor a	nd cemented w	rth Sydd Kedi	- mix. Du	erra Rug
3 moved in 2-2	26-85 and heran	nontinuous drill	ing operation	A 2-28-
11	D.MAL	Concentration Concentration	P	·
th a 11.5 bit.	Unilled to TDo	1 406 and on 2	-28-85 Del	1378 3
55 ADA MAA AAt	Drilled to TD of A 406 and cemen at 406 and cemen Curc. 90 std. Wit 5 1500 psi for 30	ted with 450 st	class C' W/	odd. Pli
ss cay. Wy her c		Langed le mar Ri	les of BLM	1 WOC IE
m 11:20 p.m. and	arc. 40 AND. Win	Nesser by m. N.	101.11	121/1 / 20
than ABOP to	1500 psi for 30	min, OK. Acall	ced but to	12/4 WI
o cog and sor no				
umed drilling.				
l l				
		al I-U almin	Atra lan	
BLM, C I-JRBI-FJN	1-GCC 1- Halang 1-B	sees I Hanly, Mild. T	- (1000 3200.	
18. I hereby certify that the foregol		210000		1-0-
SIGNED		est. Udmin (Inaly	DATE 3- 5	185
(This space for Federal or State	e office use)		<u> </u>	
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL,	() () () ()			
A	W. K.			

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



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	gin (1.2) magneti e j. Bar Sala Barlan (1.2)	1022				30-020	-29087	
Form 3160-3 P. O. BOX 1000 (November 1983) HOBBS, NEW MUNICPE 68240ATES (Other instructions on reverse side)					 Form approved. Budget Bureau No. 1004-0136 Expires August 31, 1985 			
DEPARTMENT OF THE INTERIOR						5. LEASE DESIGNATION AND SEBIAL NO.		
BUREAU OF LAND MANAGEMENT						NM-18232		
	N FOR PERMIT	TO DRILL,	DEEP	EN, OR PLUG E	BACK	6. IF INDIAN, ALLOTT	EE OR TRIBE NAME	
I. TYPE OF WORK DR D. TYPE OF WELL	ILL 🛛	DEEPEN		PLUG BA	ск 🗌	7. UNIT AGBEEMENT	NAME	
WELL W	AS OTHER			INGLE MULTIP		8. FARM OR LEASE N	AME	
AMOCO PRODI	JCTION COMPANY					Federal A	1	
ADDRESS OF OPERATOR						9. WELL NO.		
P. O. Box 6	68, Hobbs, New 1	Mexico				10. FIELD AND POOL,		
LOCATION OF WELL (R At surface	eport location clearly and	d in accordance w	rith any S	state requirements.*)		Wildcat Wo		
At proposed prod. zon	1980'FNLX1 • (UnitF:	980' FWL SE/4 NW/4)				11. SEC., T., E., M., OR AND SURVEY OR	BLE. BEA	
. DISTANCE IN MILES	AND DIRECTION FROM NEA	REST TOWN OR PO	ST OFFICE	r.*		8-18-32 12. COUNTY OR PARIS		
	h-Southwest of					Lea	H 13. BTATE NM	
. DISTANCE FROM PROPU- LOCATION TO NEAREST	DSED*			OF ACRES IN LEASE	17. NO. C	F ACRES ASSIGNED	1	
PROPERTY OR LEASE L (Also to nearest drig	INE, FT. 3. unit line, if any)				40	HIS WELL		
TO NEAREST WELL, D	OSED LOCATION [®] Rilling, completed,	· · · · · · · · · · · · · · · · · · ·		OPOSED DEPTH	20. ROTA	RY OR CABLE TOOLS		
OR APPLIED FOR, ON THE	IS LEASE, FT. ether DF, RT, GR, etc.)			0700	Rot			
	3789.8' GR					22. APPROX. DATE W 1-1-85	OBE WILL START*	
]	PROPOSED CASI	ING AND	CEMENTING PROGRA	AM			
SIZE OF HOLE	BIZE OF CASING	WEIGHT PER	FOOT	SETTING DEPTH		QUANTITY OF CEMENT		
<u>17-1/2"</u> 12-1/4"	<u>13-3/8"</u> 8-5/8"	48# 32,24#		400 '		ulate to surface		
7-7/8"	5-1/2"	32,24#		<u> 2800 ' </u>		<u>ck_to_13-3/8</u> ck_500'_above		
test and comp	rill subject we plete in Bone S d/or stimulate a	prings. Af	fter r	eaching TD, log	gs will	be run and ev		
	attached. al Survey attacl of Operator atta			Mud Prog	-	0 - 400 Fre 400 - 2800 E 2800 - TD (Brine	
0+5-BLM, Carl	lsbad 1-JR Barı	nett, HOU F	Rm. 21	.156 1-F J Nas	sh, HOU	Rm. 4.206 1-	-GCC 1-Gala>	
ABOVE SPACE DESCRIBE ie. If proposal is to o venter program, if any	PROFOSED PROGRAM: If p drill or deepen directions 7.	proposal is to dee lly, give pertinen	pen or pl it data of	lug back, give data on pr a subsurface locations an	esent produ id measured	active zone and propos and true vertical dept	ed new productive hs. Give blowout	
BIGNED Harry	C. Clark	TI	TLE	ssist. Admin. A	Analyst	12-	-13-84	
•	al or State office use)							
PERMIT NO.		<u> </u>		APPROVAL DATE				
APPROVED BY	LL, IF ANY :	°а қатаға≽с` тті	TLE		· · · · · · · · · · · · · · · · · · ·	DATE 12-0	21-84	
		*See Instru	uction s (On Reverse Side		APPROVAL S General Re Special Stil	UBJECT TU QUIREMENTS <u>AN</u> PULATIONS	
le 18 U.S.C. Section	1001, makes it a crime	e for any person	knowing	gly and willfully to ma	ke to any	departer Allen	of the	

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

NE. HEXICO OIL CONSERVATION COMMISSIC. WELL LOCATION AND ACREAGE DEDICATION PLAT

		WELL LOCATI	O OIL CONSE				Form C-102 Supersedes C-128 Effective 1-1-65
Operator		All distances m	ust be from the c	uter boundarie	of the Section	m	Well Nc.
•	AMOCO PRODUCTION COMPANY Federal AM						
Unit Letter F	Section 8	Township 18		nge 32E	County	LEA	
Actual Footage Loc 1980	feet from the	NORTH	ne and 1980)	feet from the	WEST	line
Ground Level Elev. 3789.8	Producing Fo Wolfca		Pool	ildeat Wol			Dedicated Acreage:
		ated to the subj		Idcat Wol		e marka on ti	40 Acres
Interest and 3. If more the dated by c Yes If answer this form i No allowat	nd royalty). an one lease of communitization, Domini No If a is "no," list the f necessary.) ble will be assign	different ownersh unitization, force answer is "yes," owners and trac ned to the well un	ip is dedicate pooling.etc? type of conso t descriptions	ed to the we lidation which have	II, have the actually b	e interests of een consolida	hereof (both as to working all owners been consoli- ated. (Use reverse side of munitization, unitization, approved by the Commis-
			AND REGISTERS	NO. NO. NO. NO.	ENGINEER	Name Position Assist. Company AMOCO F Date	CERTIFICATION certify that the information con- rein is true and complete to the whowledge and belief. <u>Admin. Analyst</u> <u>PRODUCTION COMPANY</u> 2-13-84
		DO' WAS M-SCO PIPELINES WER				shown on nates of a under my : is true a	certify that the well location this plat was plotted from field actual surveys made by me or supervision, and that the same nd correct to the best of my and belief.
330 660 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 2310 2640	2000 1500	1	50Q	Registered P and/or Land	29/84 Professional Engineer

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

