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

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

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-40449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME: Federal "AN"

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

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FWL x 1980' FSL (Unit L, NW/4 SW/4)

10. FIELD AND POOL, OR WILDCAT: Young, North Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32

14. PERMIT NO.: 3002529088

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3771 GL

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	[ ]	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*	[X]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

MI and RUSU 3-27-87. Rel packer and POH. RIH with 5-1/2" CIBP set at 10350 and cap with 35' class H cement. RIH with 5-1/2" CIBP set at 9500 and cap with 35' class H cement. RIH with 2-7/8" tubing and displace hole with 10# BW with 25 lb/bbl salt gel. Lay down 2-7/8" tubing and set cement plugs with class H cement at 6388-6188 with 25 sx, 4562-4462 with 25 sx, 4350-4150 with 25 sx, 3746-3546 with 25 sx, 2900-2700 with 25 sx, 2450-2350 with 12-1/2 sx, 1150-1050 with 12-1/2 sx, 455-355 with 12-1/2 sx, and 80-surf with 10 sx. Cut off wellhead and install dry hole marker. MOSU 4-1-87.

ACCEPTED FOR RECORD

MAY 4 1987

SJS
CARLSBAD, NEW MEXICO

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

SIGNED O.M. Mitchell TITLE Senior Admin. Analyst DATE 4-28-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*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.

D, J, SF

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

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

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 [X] GAS WELL [ ] OTHER	5. LEASE DESIGNATION AND SERIAL NO.: NM-40449
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
	7. UNIT AGREEMENT NAME:
2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME: Federal "AN"
3. ADDRESS OF OPERATOR: P. O. Box 68, Hobbs, NM 88240	9. WELL NO.: 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FWL x 1980' FSL (Unit L, NW/4 SW/4)	10. FIELD AND POOL, OR WILDCAT: Young, North Wolfcamp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32
14. PERMIT NO.: 3002529088	15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3771 GL
	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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[X]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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.)*

Propose to permanently plug and abandon well. MI and RUSU. POH with production equipment. RIH with CIBP for 5-1/2" casing and set at 10350. Cap plug with 35' class H neat cement. RIH with CIBP for 5-1/2" casing and set at ~~8200~~ 9500'. Cap plug with 35' class H neat cement. Spot above CIBP and cement 42 bbls of 10# brine with 25# gel/bbl. Pull up and spot a 25 sack class H neat cement plug across the interval 6188-6388 (TOP of Bone Springs 6288.) Spot above cement plug 44 bbls of 10# brine with 25# gel/bbl. Pull up and spot a 25 sack Class H neat cement plug across the interval 4150-4350. (Top of Grayburg at 4252.) Spot above cement plug 30 bbls of 10# brine with 25# gel per bbl. Pull up and spot a 25 sack class H neat cement plug across the interval 2700-2900 (8-5/8" casing shoe at 2814.) Spot above cement plug 6 bbls of 10# brine with 25# gel per bbls. Pull up and spot a 100' Class H neat cement plug across the interval 2350-2450. (Base of salt at 2400') Spot above cement plug 29 bbls of 10# brine with 25#/gel per bbl. Pull up and spot a 100' class H neat cement plug across 1050-1150. (Salt at 1100). Spot above cement plug 14 bbls of 10# brine with 25# gel/bbl. Pull up and spot a 100' class H neat cement plug across the interval 355-455 (casing shoe at 405') Spot above cement plug 7 bbls of 10# brine with 25# gel/bbl. Pull up and spot a 10 sack class H neat cement plug from 80' to surface. Cap well and erect PXA marker. RD and MOSU.

Change

Addt'l plug 4462-4562'

*Additional plug 3646-3746 feet

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

SIGNED S. Brownlee TITLE Admin. Analyst DATE 2-23-87

(This space for Federal or State office use)

APPROVED BY [illegible] TITLE AREA MANAGER CARLSBAD RESOURCE AREA DATE 2-25-87

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

Form 3160-4
(November 1983)
(formerly 9-330)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM-40449
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Federal AN
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: Young, North Wolfcamp
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Shut-in

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP EN ☒ PLUG BACK ☐ DIFF. RESVR. ☐ 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)*
At surface: 1980'FSL X 660'FWL, Sec. 8, T-18-S, R-32-E
At top prod. interval reported below (Unit L, NW1/4,SW1/4)
At total depth

14. PERMIT NO.: 3002529088 — DATE ISSUED: 8-18-32
12. COUNTY OR PARISH: Lea
13. STATE: NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
O.C. 2-3-86	—	6-25-86	3771.5' GL	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
10,600'	10,555		→	0-TD	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 10,398'-10,520', Wolfcamp

25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN:

27. WAS WELL CORED: No.

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"	53.20#	40'	24"	3yds Redi Mix	None
13 3/8"	54.5#	405'	17 1/2"	450SX Cl C w/Add.	225 SX Circ.
8 5/8"	32#	2814'	12 1/4"	1200SX Cl C, 400SX C Neat	280SX Circ.
5 1/2"	17#	10,607'	7 7/8"	1570SX H w/add, 400SX H Neat	95SX Circ.

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
		10,281'

31. PERFORATION RECORD (Interval, size and number)
10,398'-10,426', 10,476'-10,520' w/4JSPF
0.400", 288 Shots.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
10,398'-10,520'	7000 gals 15% HCl.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
3-11-86	Swabbing	Shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY:

35. LIST OF ATTACHMENTS

ACCEPTED FOR RECORD
JUN 27 1986
CARLSBAD, NEW MEXICO

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED Sally M. Hennig TITLE Administrative Analyst (SG) DATE 6-26-86

JUN 30 1986

*(See Instructions and Spaces for Additional Data 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.

045 BLM, C, 1-JRB, 1-FJN, 1-CMH, 1-Galaxy, 1-Belco, 1-Chevron, 1-Cities, 1-Conoco

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Bone Springs	8256'	8292'	Oil, Water, & Gas
Bone Springs	9164'	9254'	Water
Wolfcamp	10,400'	10,426'	Oil, Water & Gas
Wolfcamp	10,476'	10,524'	Oil, Water, & Gas
Wolfcamp	10,398'	10,426'	Oil, Water & Gas

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Seven Rivers	2,970'	
Queen	3,696'	
Penrose	3,942'	
Grayburg	4,252'	
Bone Springs	6,288'	
1st BS Sand	7,950'	
2nd BS Sand	8,256'	
2nd BS Sand	8,596'	
3rd BS. Sand	9,290'	
Wolfcamp	9,546'	

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

N. M. OIL CONS. COMMISSION

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P. O. BOX 1980, HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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 ☒ 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 ' FSL x 660 ' FWL
(UNIT L, NW/4, SW/4)

5. LEASE DESIGNATION AND SERIAL NO.
NM-40449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal AN

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Young, North Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8-18-32

12. COUNTY
Lea

13. STATE
NM

14. PERMIT NO.
30025290 88

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3771.5' GL

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) 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.)*

Left well shut-in 72 hrs and ran BHP buildup survey. MISU 3-24-86. Swab and flow tested 4 days and recovered 780 BO. MOSU 3-26-86. Ran dip in pressure test following a 21 day shut-in. Left well shut-in. Operations completed 6-25-86. Shut-in pending further evaluation.

ACCEPTED FOR RECORD
JUN 30 1986
CARLSBAD, NEW MEXICO

JUN 2 [illegible]

0 + 5 BLM, C, 1 - JRB, 1 - FJN, 1- CMH 1-Galaxy, 1-Beleo, 1-Chevron, 1-Cities Service, 1-Conoco

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

SIGNED Karla M. Herring TITLE Administrative Analyst (SG) DATE 6-26-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	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, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [x] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
To Correct transporter of oil to Koch Oil Company - Erroneously shown as Amoco (Trucks) on C-104 approved 3-19-86

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 AN	1	Young, North Wolfcamp	State, Federal or Fee Federal	NM 40449

Location
Unit Letter L : 1980 Feet From The South Line and 660 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	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
	L	8	18	32	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.

Beverly A. Atwell
(Signature)
SENIOR ADMINISTRATIVE ANALYST
(Title)
3-27-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 27 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

Form C-104
Revised 10-01-78
Format 06-01-83
Page 2

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
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 10398 - 10,520 Wolfcamp						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

RECEIVED
MAR 27 1986
O.C.D.
HOBBS OFFICE

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

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC (Other instructions on verse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

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HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.: NM 40449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME: Federal AR

3. ADDRESS OF OPERATOR: P. O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL x 660' FWL (Unit Letter L, N3/4, S3/4)

10. FIELD AND POOL, OR WILDCAT: Young North Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32

14. PERMIT NO.: 3002529088

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3771.5' GL

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:			
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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 x POH w/ production equipment. RIH x cement retainer set at 8166' x squeeze w/100 sx Class H x 8% CF-14 x 100 sx Class A cement. 76 sx cement in formation, 10 sx below retainer x reversed out 114 sx. POH x WOC. Drilled out cement retainer x cement x pressure test x squeeze unsuccessful. RIH x cement retainer x set at 9067'. Squeezed x 100 sx Class H w/.8% fluid loss additives. 93 sx in formation, 7 sx top cement retainer. POH x tubing x WOC. Drilled out cement x circ hole clean. Spotted 160 gallons 15% HCL x packer set at 9190' x attempt to break down perfs x communicated. Pull tubing to 9100' x pumped 1090

(over)

O+5 BLM c 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO
1-Galaxy 1-Belco 1-Chevron 1-Cities Service 1-Conoco

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

SIGNED Beverly A. Otwell TITLE SENIOR ADMINISTRATIVE ANALYST DATE 3-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAR 19 1986

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.

Federal AR Continued

Gallons 15% NE HCL acid w/ max pressure 2900 x minimum pressure 1200 at 3 BPM. POH w/ tbg. RIH w/ Arrow retainer x 180' from surface x left bottom half retainer x pulled tbg x RIH x 4¾" bit x 4 3½" drill collars x 2⅞" tbg to 10570' x POH. RIH w/ Arrow cement retainer at 9064' x pumped 500 gallons FloChek x 10 bbl spacer x 50 sx Class H Cement x 3% Friction Rid x 50 sx Class H Cement. Max squeeze pressure 3900 psi x AIR 2.5 BPM. Final squeeze pressure 2700 psi x 500 gal FloChek x 67 sx cement in formation x 23 sx in Casing x 10 sx Cement on top of retainer. POH w/ tbg x WOC. RIH w/ 4¾" bit x 4 3½" drill Collars x 2⅞" tubing x clean out to 10570'. POH. RIH x tbg x packer. Set packer at 9007'. Test packer to 700 psi O.K. Pressure test squeezed perfs 9164'-9254'. Perforated Wolfcamp 10398'-10426' x 10476'-10520' w/ 4 JSPF (Total of 112 shots, 0.400" diameter). RIH w/ retrievable bridge plug (set at 10555'), packer (set at 10,281'), x acidized x 7000 gallons 15% NEFE HCL acid. Max treating pressure 4800 psi x AIR 2.4 BPM. MOSU 3-12-86. Swab x flow test to evaluate productivity. Flow well to tank four hours x recovered 6 BO, 8 BLW. No further report until MISU.

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

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

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 40449

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME: Federal AN

3. ADDRESS OF OPERATOR: P. O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL x 660' FWL (Unit Letter L, NW/4, SW/4)

10. FIELD AND POOL, OR WILDCAT: Young, North Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32

14. PERMIT NO.: 30025 29088

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3771.5' GL

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	[ ]	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) Status Update			[X]
(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.) *

Recompletion operations commenced on subject well on 2-3-86.

ACCEPTED FOR RECORD
MAR 17 1986
CARLSBAD, NEW MEXICO

0+5 BLM C 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO

18. I hereby certify that the foregoing is true and correct 1-Galaxy 1-Belco 1-Chevron 1-Cities Service 1-Conoco

SIGNED Beverly A. Otwell TITLE SENIOR ADMINISTRATIVE ANALYST DATE 3-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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, NEW MEXICO 88240

Reason(s) for filing (Check proper box)
- [ ] New Well
- [x] Recompletion
- [ ] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Dry Gas
- [ ] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Request 2000 barrel testing allowable for Young North Wolfcamp for March 1986

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 AN	1	Young, North Wolfcamp	State, Federal or Fee Federal	NM40449

Location
Unit Letter L : 1980 Feet From The South Line and 660 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)
Amoco Production Company	P.O. Box 1183, Houston, TX 77001
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
	L	8	18	32	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.

Beverly A. Otwell
(Signature)

SENIOR ADMINISTRATIVE ANALYST
(Title)

3-14-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 19 1986, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	X				X			

Date ~~Spudded~~ Recomp	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-3-86	Not yet Completed *	10,600'	10,570

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3771.5' GL	Wolfcamp	10398	

Perforations	Depth Casing Shoe
10,398 - 10,520	

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.)	
		Flow test to test tank	
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 (pilot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

* Request for testing Allowable Only
Have not Completed Operations

RECEIVED
MAR 18 1986
O.C.D.
HOBBS OFFICE

Form 9-331 C
(May 1963)

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

5. LEASE DESIGNATION AND SERIAL NO.: NM 40449
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: Federal AN
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: ~~Undesignated~~ Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 8-18-32
12. COUNTY OR PARISH: Lea
13. STATE: NM

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 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface: 1980' FSL X 660' FWL
At proposed prod. zone: (Unit L, NW/4, SW/4)

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*: 8 miles South-Southwest of Maljamar * API 30-025-29088

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: 10,570'

20. ROTARY OR CABLE TOOLS: Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.): 3771.5' GR

22. APPROX. DATE WORK WILL START*

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
24"	20"	53.2#	40'	3yds. Redi Mix
17 1/2"	13 3/8"	54.5#	405'	450SX Cl. C w/add.
12 1/4"	8 5/8"	32#	2814'	1200SX C Lt., 400SX C Neat
7 7/8"	5 1/2"	17#	10,607'	1570SX H, 400SX H Neat

Propose to recomplete the subject well from the Bone Springs to the Wolfcamp as follows: MISU and POH w/rods, pump and tubing. RIH w/cement retainer and set at 8160'. Squeeze Bone Springs perfs with 100SX class H cement and tail in 50SX class H neat cement. Reverse excess cement, POH, & WOC. Drill out cement and retainer. Pressure test squeeze to 500psi. If squeeze does not hold, resqueeze. Lower bit and drillout retainer (9055') and cement to 9270'. Pressure test previous by squeezed perfs to 500psi. Resqueeze if necessary. Drillout well to PBTD of 10,570'. Perforate Wolfcamp intervals 10398'-10426' and 10476'-10520' w/4 DPJSPF. RIH w/RBP and packer. Set RBP at (cover)

O+5-BLMC, 1-JRB, 1-FJN, 1-CMH, 1-Galaxy, 1-Belco, 1-Chev, 1-Cities, 1-Conoco

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 Charles W. Herring TITLE ADMINISTRATIVE ANALYST(SG) DATE 12/19/85

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 12-31-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

10,540' and packer at 10,445'. Acidize w/ 4500 gals of 15% NEFE HCl. Swab test well. Pull up and set RBP at 10,465' and packer at 10,340'. Acidize with 3000 gals of 15% NEFE HCl. Swab test. POH w/ packer and RBP. RIH w/ production equipment and return well to production.

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	Lease	Well No.
AMOCO PRODUCTION CO.	FED A N	1

Unit Letter	Section	Township	Range	County
L	8	18S	32E	LEA

Actual Footage Location of Well:
1980 feet from the SOUTH line and 660 feet from the WEST line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3771.5	Wolfcamp	Young North Wolfcamp	40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

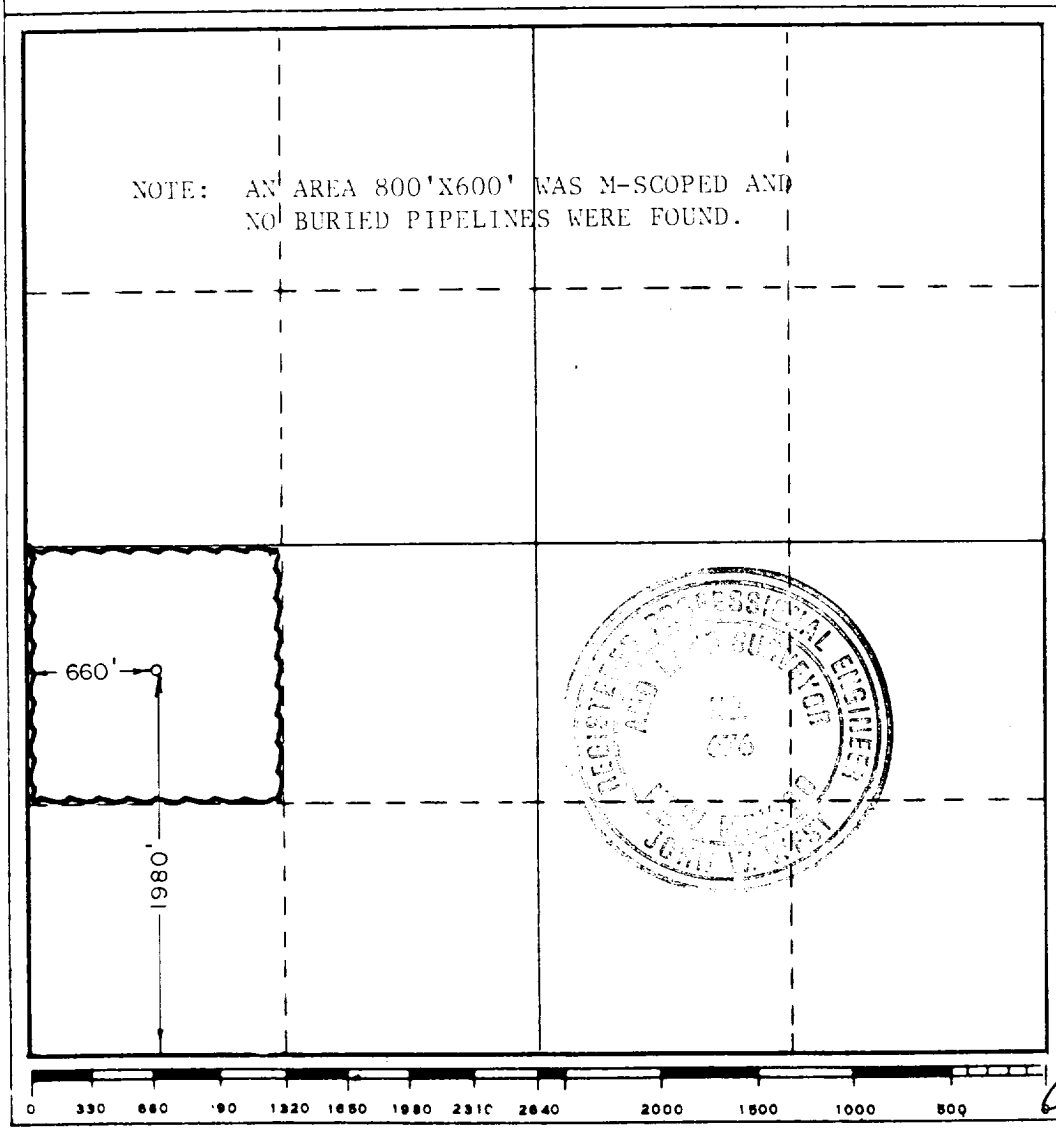
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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: Charles M. Herring
Position: Admin. Analyst (SG)
Company: Amoco Production Company
Date: 12-19-85

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