

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	N. M. BL. COM. COMMISSION P. O. BOX 1080	5. LEASE DESIGNATION AND SERIAL NO. NM 40449
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	HOBBS, NEW MEXICO 88240	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Federal AN
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3177.5' GR	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

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Final Status Update <input checked="" type="checkbox"/>	
(Other) <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.)

Pump tested well thru 4-10-85. MISU 4-11-85. Pulled out of hole w/ prod. equipment. RIH w/ 5 1/2" cmt ret and SA 9055'. Squeezed perfs w/ 125 sx class H cmt w/ add. RIH w/ 3 1/8" csg gun and perfed 8256'-94' w/ 4 JSPF. RIH w/ 5 1/2" PPI pkr and acidized each 5' interval w/ 250 gal 15% NEFE HCL. Pulled pkr up to 8103 and acidized all perfs w/ 2000 gal 15% NEFE HCL. Flowed well 2 hrs and ran swabs for 10 hrs. Killed well and POH w/ PPI pkr. RIH w/ production equipment and MOSW 4-18-85. Began pmp testing 4-19-85. Pump tested through 4-30-85. MISU 5-1-85. POH w/ prod equipment. RIH w/ 5 1/2" pkr and SA 8098'. Pumped 8000 gal gel 20% HCL acid and 20000 gal 40 # gel X-linked FW 20% KCL. Flushed w/ 52 bbl 40 # gel FW 20% KCL.

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

SIGNED Mac Gales TITLE Administrative Analyst DATE 15 May 1985

(This space for Federal or State office use)

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

0+5-BLM-C, MAY 23 1985, 1-NLG, 1-Galaxy, 1-Belco, 1-Gulf-Mid, 1-Cities Services
*See Instructions on Reverse Side

Ran swab for 10 hrs and recovered 35 BO x 134 BW x Good SG.
Rel pkr and POH w/ tbg and tools. RIH w 2-7/8" SN
and 6 jts 2-7/8" tailpipe and 5 1/2" anchor and 2-7/8" tbg.
SN LA 8354'. Anchor SA 8156'. MOSU 5-4-85 and resumed
pump testing. Pump tested thru 5-13-85 and put well on
production 5-14-85 at 94 BOPD x 42 MCFD x 18 BWPD.

RECEIVED
JUN - 3 1985
O.C.D.
HOBBS OFFICE