

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. DATE*
(Other instructions on re-
verse side) 80240

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-064009(c)	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 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 760 FNL x 960 FEL (Unit A, NE/4, NE/4)		8. FARM OR LEASE NAME Federal "DM"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815.9 GL		10. FIELD AND POOL, OR WILDCAT Wildcat	
		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOT 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.)

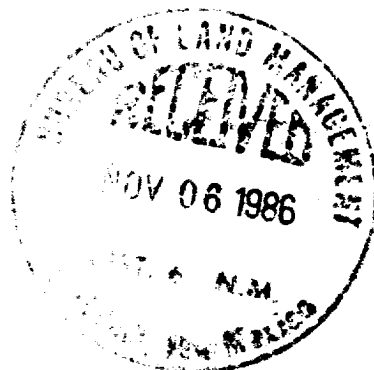
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

MIRU-SU 10-27-86. Install BOP and release packer. RIH w/CIBP and set at 10,300 ft. Test CIBP at 500 psi, held ok. Cap w/35' class H cement. Perf 6338-6356 x 4 JSPF. RIH w/5-1/2" Packer Uni-V and set at 6097 ft. Swabbed well. Pull packer and tubing. RIH w/5-1/2" packer Uni-V and set at 6097'. Run swab and IFL 1000 ft from surf. and swab total 4 hours and recovered 30 BLW. Swab dry after 2 hrs. test casing w/16 BLW at 500 psi and held ok. Pump 2000 gal 7-1/2% HCl acid and additive and 144 ball sealers at 3 balls/bbl. Max pressure 1950. Run swab total 87 BLW recovered. Continue swab total recovered 126 BLW. RDMO-SU 11-3-86. Well shut in pending further evaluation. No further report, pending additional work on well.

ACCEPTED FOR RECORD

NOV 12 1986

CARLSBAD, NEW MEXICO



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

SIGNED

Steve Brownlee

TITLE

Admin. Analyst

DATE

11-5-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side