

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
MEXICO 83240

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-064009(C)</u>
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>	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 <u>760' FNL x 960' FEL</u> <u>(UNIT A, NE14, NE14)</u>	8. FARM OR LEASE NAME <u>Federal "D111"</u>
14. PERMIT NO. <u>3002529354</u>	9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3815.9 GL</u>	10. FIELD AND POOL, OR WILDCAT <u>Wildcat Workcamp</u>
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>8-18-32</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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) <u>Status update</u>	

(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 4-4-86. Drilled out cement and DV tool. Pressure tested 1000 psi for 30 mins. Drilled out and cleaned out to 10,580'. Pressure tested casing 1000psi for 30 mins - OK. Perforated 10,386' - 10,408' w/ 4 DPJS PF. Swabbed 4 1/2 hrs and recovered 58 BLW. Acidized with 3000 gals 15% NEFE HCl. Swabbed 31.5 hrs and recovered 110.5 BLW, 16 BO, and slight Show of Gas. MOSU 4/15/86. Left shut-in and evaluating additional completion attempts.

ACCEPTED FOR RECORD

*SWD*

JUL 11 1986

0 + 5 BLM 1 - JRB, 1 - FJN, 1 - CMH 1 - Belco 1 - Rufe  
18. I hereby certify that the foregoing is true and correct  
SIGNED Charles M. Helling TITLE Administrative Analyst (SG) DATE 7/9/86  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side