

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

LEASE DESIGNATION AND SERIAL NO.

LC-064009 (C)

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME Federal "DM"
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 760' FNL x 960' FEL (UNIT A, NE/4, NE/4)	10. FIELD AND POOL, OR WILDCAT Wildcat Wolfcamp
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-18-32
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3823.3' GR	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 <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 checked="" 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) <input type="checkbox"/>	

(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 amend the subject wells casing program as follows.
Surface casing (13 3/8"): Substitute 400' of 13 3/8", 54.5 #, J, K-55, ST+C, New and Used csg for the original string submitted on Form (3160-3), submitted 9 July 1985.

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED Alan P. Yates

TITLE Administrative Analyst

DATE 12 August 1985

(This space for Federal or State office use)

APPROVED BY Area Manager

TITLE

DATE

8-14-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side