

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse 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.) <u>At surface</u> <u>760' FNL x 960' FEL</u> <u>(UNIT A, NE/4, NE/4)</u>	8. FARM OR LEASE NAME <u>Federal "DM"</u>
14. PERMIT NO.	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 Wolfcamp</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>

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) <u>Re-staked location</u> <input checked="" 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.)

Per the request made 7/17/85 by Barry Hunt (BLM) Amoco re-staked roads x location for the subject well to comply with this request. Attached is a new Surface Location Plat (C-102). Please amend our form 3160-3 (ADD) to reflect the new location.

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

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

SIGNED

*Spike M. Lanning*

TITLE Administrative Analyst (SG)

DATE

7/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG -1 1985

200-  
H-220-10000