orm 3160-5, November (1983) Formerly 9-331) DEPARTN	UNH ) STATES MENT OF THE INTERIC	SUBMIT IN TRIPLI (Other instructions re-	Budget Bureau No. 1004-0135 Expires August 31, 1985
BUREA	U OF HAND MANAGEMENT	) // verse mus)	5. LEASE DESIGNATION AND SERIAL NO. NM-10601
SUNDRY NOT	ICES AND REPORTS O	· · · · ·	6. IF INDIAN, ALLOTTEE OR TRIDE NAME
Use "APPLICA	TION FOR PERMIT—" for such pro	posals.)	
OIL GAB OTHER			7. UNIT AGREEMENT NAME
. NAME OF OPERATOR			8. FARM OR LEASE NAME
AMOCO Production Company  ADDRESS OF OPERATOR  P. O. Box 68, Hobbs, NM 88240  Location of Well (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1980' FNL x 1650' FEL, Sec. 27  (Unit G, SW/4 NE/4)			Federal DI
			9. WELL NO.
			10. FIELD AND POOL, OR WILDCAT
			Und. Bone Springs
			11. SEC., T., E., M., OR BUK, AND SURVEY OR AREA
I. PERMIT NO.	16 promotes (8)		27-20-33
	15. ELEVATIONS (Show whether DF, 1	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3623.2' GL		l Lea
Check Ap	propriate Box To Indicate No	iture of Notice, Report, or C	Other Data
NOTICE OF INTEN	TION TO:	SUBSIQU	DENT REPORT OF:
TEST WATER SHUT-OFF	PCLL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
	AULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
	HANGE PLANS	SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	The Feature 1	(Other) <u>UNSUCCESS fu</u> (Norm: Report results	Recompletion X of multiple completion on Well etion Report and log form.)
0+5 BLM,C 1-J. R. E	Barnett,Hou 1-F. J	. Nash,Hou 1-GCC	
significant formula and the foregoing is	1. //	t. Admin. Analyst	6/10/0/
(This space for Federal or State office	CORD	- namma manys t	DATE 6/18/84
CONTINUES OF AJUNV215:198	TITLE		DATE
achilaf NEW ME	*See Instructions o	n Reverse Side	

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