

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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. NM-10601	
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 1980'FNL X 1650'FEL (Unit G, SW/4, NE/4)		8. FARM OR LEASE NAME Federal DI	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3623.2'GL		10. FIELD AND POOL, OR WILDCAT Und. Bone Springs	
		11. SEC., T., R., M., OR P.M. AND SURVEY OR AREA 27-20-33	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

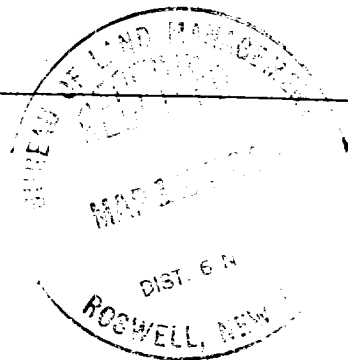
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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>pump test</u>	(Other) <u>X</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.)*

Moved in service unit 2-8-84. Changed out rods and pump. Loaded tubing with 32 bbls water and tested to 400 psi. Tested okay. Moved out service unit 2-9-84. Started pump testing and tested for 4 days. Last 24 hours pumped 0 bbls fluid and 0 MCFD. Shut-in well 5 days for fluid build-up. Pumped 2 BO and 28 BW in 48 hours. Last 24 hours pumped 2 BO and 3 BW. Well shut-in 2-20-84 for fluid build-up and evaluation of additional test or work.

0+5-BLM, R 1-R.E. Ogden, Hou 1-F.J. Nash, Hou 1-CLF



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

SIGNED Cathy L. Forman TITLE Assistant Administrative Analyst DATE 3-12-84

(This space for Federal or State office use)

APPROVED BY SWG TITLE _____ DATE _____

CONDITIONS OF APPROVAL MAY 15 1984

*See Instructions on Reverse Side

RECEIVED
MAY 18 1984
O.C.D.
HQSBS OFFICE