

BUREAU OF LAND MANAGEMENT

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. <b>LC - 031736 (6)</b>
2. NAME OF OPERATOR <b>Amoco Production Company</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 68, Hobbs NM 88240</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>660' FNLX 1980' FEL NW/4 NE/4 Unit B</b>	8. FARM OR LEASE NAME <b>Hillbilly "B" Federal</b>
14. PERMIT NO.	9. WELL NO. <b>10</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3549' ADB</b>	10. FIELD AND POOL, OR WILDCAT <b>Weir Blinley</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>22-20-37</b>
	12. COUNTY OR PARISH <b>Lea</b>
	13. STATE <b>NM</b>

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) <b>Production start up</b> <input checked="" type="checkbox"/>	

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.)\*

This is to inform you that production from swab testing began 3-4-85 on the subject well. Recovered 108 BLM and 20 BB in 9 1/2 hrs of swabbing. The well is currently being recompleted from the Monument Tubb-Drilled to the Weir Blinley.

015 BLM, R 1-JRB 1-FJN 1-GCC CC: BLM, CARLSBAD

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

SIGNED **Harry C. Clark**

TITLE **Asst. Admin. Analyst**

DATE **3-5-85**

(This space for Federal or State office use)

APPROVED BY **Gov** TITLE **ACCEPTED FOR RECORD**

CONDITIONS OF APPROVAL, IF ANY:

DATE

MAR 12 1985

\*See Instructions on Reverse Side