

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

|  |   |
|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT—" for such proposals.) |   |
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  | 7. UNIT AGREEMENT NAME                                      |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY  | 8. FARM OR LEASE NAME<br>Federal "CW"                       |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 68, Hobbs, NM 88240  | 9. WELL NO.<br>1  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>(Unit P, SE/4, SE/4)<br>660' FEL x 990' FEL           | 10. FIELD AND POOL, OR WILDCAT<br>Antelope Ridge Atoka      |
| 14. PERMIT NO.<br>30-025-28119   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>3-23-34 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3377' GL   | 12. COUNTY OR PARISH<br>Lea                                 |
|  | 13. STATE<br>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 checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <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.)\*

MI and RUSU 2-10-87. Dig out cellar. Load tubing with 35 bbls water. CPC 2000 and bled to 50#. Load casing with 100 BW. Well flow out tubing and casing. Pump 12 BW down tubing. Pressure up to 2500#. Unable to pump in formation. TPC 900 bled to 300. CPC 150 bled to 0. Flow tubing 1 hr and would bleed off. Ran 1-9/16" tubing gun and perf tubing at 8941. Circulated hole with 200 BW. Remove tree and install BOP. Release packer and POH with production equipment. Well flow out casing at 300# 24/64 choke. Rig up lubricator. RIH 3.625 guage ring, junk basket unable to get in liner at 9214. RIH with 3-1/2" CIBP. Unable to get in liner at 9214. CPC 50#. Flow to tank for 1 hr. Pump 15 BW. Pressure up 2000# bled to 0#. RIH with 3-5/8" bit and work bit in liner at 9215. TPC 0#. CPC 0#. Spot 25 sx class H neat cement. Disp with 62 BW. Pull tubing to 11544. Disp hole with 400 bbls 10# brine gel. Pull up to 11480. Spot 14 sx class H neat cement. Dispace with 60 bbls 10# brine gel. Spot 40 sx (8535), Class H neat cement. Disp with 43 bbls 10# brine gel. Pull up tailpipe to 5449. Spot 40 sx class H neat cement. Disp 25 bbls 10# brine gel. Tailpipe land at 4345 spot 40 sx class H cement. Disp 19 bbls 10# brine gel. Tailpipe 3661 spot 40 sx class H. Disp 15 bbls 10# brine gel. Perf 1815-1816 with 4 shots. Run Howco 7-5/8" cement retainer. Pull up to 1635. Spot 360 sx class H neat cement. Disp with 5 bbls 10# brine, CPC 0#. Cut off wellhead. Install dry hole marker. RD and MOSU 2-19-87.

I hereby certify that the foregoing is true and correct

SIGNED

*How* S. Brownlee

TITLE

Admin. Analyst

DATE

3-5-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

3 26 87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

MAR 23 1981

OCD

HOBBS OFFICE