

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLIC
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1C04-0135
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME Perro Grande Unit Strawn Fed
3. ADDRESS OF OPERATOR P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL x 1980' FEL, Section 6, (Unit 8, 9N/4, SE/4)	10. FIELD AND POOL, OR WILDCAT Sabalino Strawn Gas
14. PERMIT NO. 3002527359	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3279.6' GL
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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Open add'l Strawn pay	<input checked="" type="checkbox"/>		

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)			

(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.)

Propose to perforate additional Strawn pay interval 14410'-18' and 14424'-28' and acidize x 8000 gallons 15% HCL x 294 ball sealers x flush acid to perfs x 85 barrels 2% HCL brine water. Swab as necessary to initiate flow and return well to production.

0+5 BLM-C 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO

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

SIGNED Barbara A. Stowell TITLE SENIOR ADMINISTRATIVE ANALYST DATE 5-20-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-23-86
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
MAY 26 1986
HUBBARD