

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Dry Hole</i>                                                                    | 7. UNIT AGREEMENT NAME                                                    |
| 2. NAME OF OPERATOR<br><i>Amoco Production Company</i>                                                                                                                                              | 8. FARM OR LEASE NAME<br><i>LANGUE Bldg 1 Fed.</i>                        |
| 3. ADDRESS OF OPERATOR<br><i>BOX 68, HOBBS, N. M. 88240</i>                                                                                                                                         | 9. WELL NO.<br><i>5</i>                                                   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><i>330' FSL x 990' FWL Sec 14 (UNIT M, SW 1/4 SW 1/4)</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>NSTNS BLINE BRY</i>                  |
| 14. PERMIT NO.                                                                                                                                                                                      | 11. SEC. T., R., E., OR BLK. AND SURVEY OR AREA<br><i>14-25-37 N.M.PN</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><i>3103' RD B</i>                                                                                                                                 | 12. COUNTY OR PARISH<br><i>LEA</i>                                        |
|                                                                                                                                                                                                     | 13. STATE<br><i>N.M.</i>                                                  |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT                              |                                                  |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|--------------------------------------------------|
| 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"/>    | CHANGING 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"/>               |                                                  |

(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 and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

*Physical abandonment of well concluded 10-24-71  
as follows:  
Loaded hole w/ mud.  
Spotted 35 sg cement plug (5431-5298') to cover gyps.  
Shot casing @ 2847 and pulled from 2535  
Spotted 25 sg. cement plug @ 2403'  
" 30 " 971' (9 5/8" CSA 958')  
" 10 " @ surface & erected Pt A marker.*

*Final cleanup shall be made and ground restored to contour.*

*8 5/8" CSA 958' - circ*

*4 1/2" CSA 5730 - 925 sx*

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

SIGNED \_\_\_\_\_

TITLE AREA SUPERINTENDENT

DATE 10-28-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

DATE

JUN 5 1972

J. L. GORDON  
ATTORNEY AT LAW

\*See Instructions on Reverse Side

*014-USGS-16  
1-ACJR  
2-PFH  
1-SGS  
1-TRK*

RECEIVED  
MAR 31 1988  
CCO  
HOBBY OFFICE