

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. LC-032450 - a
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 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' FSL X 660' FEL (Unit I, NE/4, SE/4)	8. FARM OR LEASE NAME Myers A Federal
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245' GL	10. FIELD AND POOL, OR WILDCAT Langlie Mattix Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ pressure test casing

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

MISU, pulled rods and pump, removed tree and installed BOP. Pulled tubing and ran packer, seating nipple, and tubing. Set packer at 3201'. Loaded casing with 25 bbl FW 2% KCL and pressure tested casing to 500 psi for 30 min, tested OK. Test was witnessed by BLM representative. Laid down tubing and packer, removed blow out preventer and installed tree. This work was performed due to BLM request (see attached letter).

0+5- BLM, C 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

I hereby certify that the foregoing is true and correct

SIGNED Gary C. Clark

TITLE Assist. Admin. Analyst

DATE 8-31-84

(This space for Federal acceptance for record)

APPROVED BY [Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 7 1984

*See Instructions on Reverse Side