

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Myers "A" Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Queen

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

22-24-37

12. COUNTY OR PARISH 13. STATE

Lea

NM

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68 Hobbs, NM 88240

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)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3245' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Pressure test casing

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

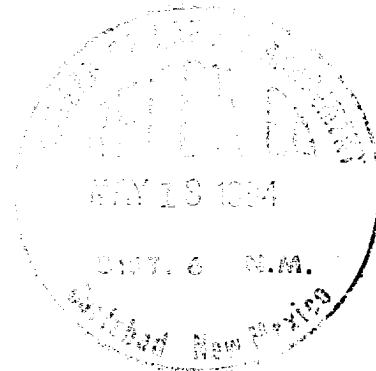
(Other)

(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 verify integrity of casing by pressure testing as follows: Notify the BLM in Hobbs 24 hours prior to performing test.

Pull 2-3/8" tubing. RIH with pkr. and tbg., set pkr. at 3200'. Load backside and pressure test to 500 psi for 15 min. If well tests Ok, release pkr. and POH. If test fails, supplemental brief will follow to repair damage.



046-BLM, C 1-J.R. Barnett, Hou Rm 21.156 1-F.J. Nash, Hou Rm 4.206 1-GCC

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

SIGNED

Mary C. Clark

TITLE Ass't. Admin. Analyst

DATE May 16, 1984

(This space for Federal or State office use)

APPROVED BY

R. B. Ritchie

TITLE P.E.

DATE 5-22-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED BY
MAY 23 1984
O. C. D.
ARTESIA, OFFICE

RECEIVED
MAY 28 1984
O.C.D.
HOBBS OFFICE