

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side) 88240

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 ☐ GAS WELL ☐ OTHER ☒ PXA		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 NM 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 885' FNL X 1980' FEL (Unit B, NW/4 NE/4)		8. FARM OR LEASE NAME Myers A' Federal	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245.3 GR		10. FIELD AND POOL, OR WILDCAT Langlie Mathis Queen	
		11. SEC. T. B. M. OR BLK. AND SURVEY OR AREA 22-24-37	
		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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

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.)

Loaded hole with 10# brine gel
RIH with CIBP and set at 3100'. Capped with 35' cmt. Spotted
cmt from 2450' to 2210'. Perfed 300' to 301' w/2 JSFP. POH, RIH
with tbg to 525'. Circ down tbg and out 9 5/8" csg. Spotted cmt
from 525' to 350'. Pulled tbg and pumped cmt down 5 1/2" csg and
circulated out 9 5/8" csg. Installed PXA marker.

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

SIGNED Harry C. Clark TITLE Asst. Admin. Analyst DATE 1-11-85

(This space for Federal or State office use)

APPROVED BY Richard X. Maria TITLE _____ DATE 8-4-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
AUG 7 1987
OCD
HOBBS OFFICE

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3. ADDRESS OF OPERATOR P.O. Box 68, Hobbs NM 88240	7. UNIT AGREEMENT NAME
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15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3245.3 GR	10. FIELD AND POOL, OR WILDCAT Langlie Mathis Queen
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	12. COUNTY OR PARISH Lea
	13. STATE NM

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SUBSEQUENT REPORT OF:

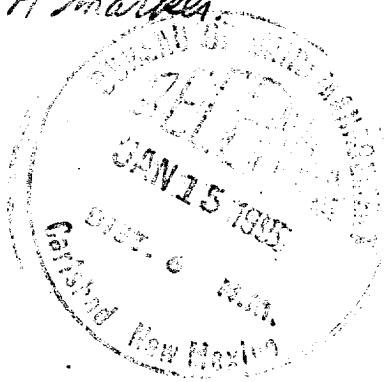
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0+5 BLM, C 1-JRB 1-FJN 1-GCC

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

SIGNED Harry C. Clark

TITLE Asst. Admin. Analyst

DATE 1-11-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

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*See Instructions on Reverse Side

RECEIVED

FEB -1 1985

O.C.D.
HOSPICE OFFICE