

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL COND. COMMISSION

P. O. BOX 1980

HOBBBS, NEW MEXICO 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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
	9. WELL NO. 8
	10. FIELD AND POOL, OR WILDCAT Langlie Mathis Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245.3' GR	13. STATE NM

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

NOTICE OF INTENTION TO:

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 type="checkbox"/>	ABANDON*	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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)	<input type="checkbox"/>		<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 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 PXA as follows:

1. RIH with CIBP, set at 3100' and spg with 35' cmt.
2. Spot 15 bbls 10# brine w/25 lbs gel per bbl above CIBP + cmt.
3. Pull thq. to 2450' and spot 25 svs Class C' Neat across top of Yates (2330') 2450'-2210'.
4. Spot 41 bbls of 10 lb Brine w/25 lbs gel per bbl above cmt plug.
5. Perforate 300'-301' w/2 JSPF and establish circ. between 9 5/8" - 5 1/2" annulus. RIH with thq and spot cmt from 525'-300'.
6. Pull up and pump remaining 105 svs cmt. Circ 10 svs out annulus.
7. Fill 5 1/2" csg to surf.
8. Cap well and erect abandonment marker. (over)

5 BLM, C 1-JRB 1-FJN 1-GCC 1-EEP

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

SIGNED Gary C. Clark

TITLE Asst. Admin. Analyst

DATE 11-27-84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 12-21-84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

9. Restoration of the surface will be made in accordance with agreement with the surface owner and will be so certified on a subsequent sundry notice.

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