

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032511B (1)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	
2. NAME OF OPERATOR Amoco Production Company	
3. ADDRESS OF OPERATOR P.O. Drawer "A" Levelland, Texas 79336	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 990' FWL, Sec. 14 (Unit L, NW $\frac{1}{4}$ , SW $\frac{1}{4}$ )	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3108.3 GR

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Langlie "B" Tract 1 Fed	
9. WELL NO. 6	
10. FIELD AND POOL, OR WILDCAT Justis-Tubb	
11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA 14-25-37	
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:

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 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 checked="" 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"/>	Set casing	<input checked="" 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.)\*

On 6-16-78 Capitan Drilling Co. (Rig #16) spudded a 12 1/4" hole at 9:00 P.M. Drilled to a TD of 998' and set 8 5/8" 24# K-55 ST&C casing at 998'. Cemented with 400 sacks Lodense and 100 sacks Class C. Circulated 40 sacks. Plug down 6:20 AM 6-18-78. WOC 18 1/2 hrs. Tested casing with 1000# for 30 minutes. OK. Reduced hole to 7 7/8 and resumed drilling.

Drilled to TD of 6120' (7-1-78) and set 5 1/2" 14# & 15.5# K-55 ST&C casing at 6120'. Cemented with 1400 sacks Class C. Circulate 20 sacks. Plug down 2:30 PM 7-2-78. Rig released 10:30 PM 7-2-78.

RECEIVED

AUG 16 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE 8-2-78

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H  
1-Div  
1-Susp  
1-RC

TITLE

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 17 1978

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