

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

AT 20-022-11074  
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Salt Water Disposal                                                       | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM- <del>0570</del> 7488 |
| 2. NAME OF OPERATOR<br>Amoco Production Company                                                                                                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                            |
| 3. ADDRESS OF OPERATOR<br>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.*<br>See also space 17 below.)<br>At surface<br>1650' FSL X 660' FEL Sec 9<br>(Unit I NE/4SE/4) | 8. FARM OR LEASE NAME<br>Fowler SWDS                            |
| 14. PERMIT NO.                                                                                                                                                                             | 9. WELL NO.<br>1                                                |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3293' RDB                                                                                                                                | 10. FIELD AND POOL, OR WILDCAT<br>Fowler                        |
|                                                                                                                                                                                            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>9-24-37     |
|                                                                                                                                                                                            | 12. COUNTY OR PARISH<br>Lea                                     |
|                                                                                                                                                                                            | 13. STATE<br>NM                                                 |

18. 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"/>             |                                               |

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 checked="" type="checkbox"/> Repairing Csg. Leak and acidizing |                                          |

(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.)\*

Workover to repair wellbore and acidize. Screwed out of pkr. and laid down thg. RIH with RBP and pkr. loaded csg and tested for leaks. Found holes in csg at 185' and 1780-1700'. Pulled thg and dumped 8 sxs sand on RBP. RIH with pkr. and set at 30'. Pumped 100 sxs Thick-set cmt and 250 sxs class 'C' w/add., displaced with 5BW. RIH and drilled out and tested csg to 750 psi, bled to 550 psi in 15 min. Released RBP and POH. RIH and milled on Model N pkr. Pulled out + cleaned out to 4615' and recovered 77' 5 1/2" csg. RIH with CIBP and set at 3800', pulled thg and setting tool. RIH with 5 1/2" 17# K-55 csg. Csg. landed at 3798 and cemented with 1000 sxs class 'C' neat. Circulated 400 + 5 BLM, C 1-J.R. Barnett, Hon Rm. 21-156 1-F.J. Nash, Hon Rm 4-206 1-GCC

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

SIGNED Larry C. Clark  
ACCEPTED FOR RECORD  
(This space for Federal or State office use)

TITLE Asst. Admin. Analyst

DATE 9-19-84

APPROVED BY EWG  
CONDITIONS OF APPROVAL SEP 21 1984

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

sxs cmt. WOC and RIH and drilled out cmt, float collar, shoe, and CIBP. RIH with pkr, seating nipple, and 2 7/8" plastic coated tbg. Set pkr. at 3759' and tested csg to 500 psi for 30 min, tested OK. Pumped 1000 gals of 15% NE HCl acid and flushed with 75 bbls produced water. MOSU and returned well to injection.

RECEIVED  
SEP 24 1984  
O.C.D.  
HOBBE OFFICE