| omm 3160-5 N. M. OIL CONS. UNHEBOOTA forember 1983) ommerly 9-331) P. O. DEPARTMEN JF TH HOBBS, DERE MESEQARE? | IE INTERIOR Verse ald | IN TRIPLIC TE. instructions re- e) | 5. LEASE DESIG | Bureau No. 1(August 31, 1) | 985 |
|--|--|--|---|--|--------------------------|
| SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMI | EPORTS ON WELL | | 6. IF INDIAN, | ALLOTTEE OR TI | IBE NAME |
| | | 27 114 '84 | 7. UNIT AGREE | MENT NAME | |
| NAME OF OPERATOR AMOCO PRODUCTION COMPANY | BUR. L | COMT | 8. FARM OR LE South Ma | ttix Unit | . He |
| P. O. Box 68, Hobbs, NM 88240 | | | 9. WHLL NO. 21 | | |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 10. FIELD AND POOL, OR WILDCAT FOW ler Upper Yeso 11. BBC., T., R., M., OR BLX. AND BURVEY OR AREA 15-24-37 | | | |
| 1873.3' FSL X 2086.7' (Unit K NE/4 SW/4) | | | | | |
| . PERMIT NO. 15. ELEVATIONS (| Show whether DF, RT, GR, etc.) | | 12. COUNTY OF | | TATE |
| Check Appropriate Box 1 | n Indianse Network Net | | Lea | | NM |
| Check Appropriate Box 1 NOTICE OF INTENTION TO: | o indicate Nature of No | | her Data | : | |
| TEST WATER SHUT-OFF PULL OR ALTER CAS FRACTURE TREAT MULTIPLE COMPLETE SHOOT OB ACIDIZE ABANDON* | E FRACTU | SHUT-OFF | ALT | AIBING WELL Ering Cabing Ndonment* | _X |
| REPAIR WELL CHANGE PLANS (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly si proposed work. If well is directionally drilled, give nent to this work.)* Moved in service unit 8-18-83. at 7388' Pulled tubing and re Logged and ran in hole with rej | Ran retrievable etrieving head. L trieving head and | Norm: Report results of completion or Recomplet give pertiment dates, f ured and true vertical bridge plug an oaded hole with tubing. Relea | nd tubing the 120 bb the 120 bb | ated date of at markers and a with RBF 1 10# BW. and pulle | arting an ones pert |
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