

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLY
(Other instructions
verse side)

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	5. LEASE DESIGNATION AND SERIAL NO. NM-7488
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, Texas 79760	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 330' FSL x 1980' FWL, Sec. 9 (Unit N, SE/4, SW/4)	8. FARM OR LEASE NAME Myers "B" Federal
14. PERMIT NO.	9. WELL NO. 32
15. ELEVATIONS (Show whether DF, NT, GR, etc.) 3268' RDB	10. FIELD AND POOL, OR WILDCAT Langlie Mattix ^{SR} Queen-G8
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9/24/37 9-24-37
	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:

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 checked="" type="checkbox"/>
(Other) <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.)

MI and RUSU 12/21/87 and pull tubing. Run CIBP and set at 3150' and pump 100 bbls of 10# brine with 25 lb/bbl gel and cap CIBP with 35' of Class C cement. Pull tubing to 1130' and spot 25 sacks of Class C from 1130' to 1030'. Pull tubing and spot 10 sacks of Class C from 50' to surface. Dig out cellar and cut off wellhead and install PxA marker. RD and mOSU 12/22/87.

RECEIVED
JAN 11 8 41 AM '88
CARTER
ARET

ACCEPTED FOR RECORD

JAN 25 1988

SJS
CARLSBAD, NEW MEXICO

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 1/5/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.