

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-7488

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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Drawer "A", Levelland, Texas 79336		8. FARM OR LEASE NAME Myers B Federal R/A A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880' FSL & 660' FWL Sec. 4 (Unit L NW/4 of SW/4)		9. WELL NO. 34	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Jalmat (Yates-Seven Rivers)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3272.4 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4-24-37	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Drilled to TD of 3450' at 2:45 a.m. 7/8/78. Set 5½" 14# K-55 ST&C casing at 3450'. Cemented with 350 sacks LODENSE and 200 sacks Class C. Plugged down 1:15 p.m. 7/9/78. Circulated 42 sacks. Rig released 5:00 p.m. 7-9-78. Will test casing when service unit moves in.

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE 8-15-78

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-4

1-DIV

1-SUSP

1-RC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 17 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO