

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions on re-  
verse side)

Revised August 31, 1983

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-064009(a)</u>
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>	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 <u>1730' FNL x 1880' FEL</u> <u>(UNIT G, SW/4, NE/4)</u>	8. FARM OR LEASE NAME <u>Federal "DK"</u>
14. PERMIT NO.	9. WELL NO. <u>2</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3802.0' GL</u>	10. FIELD AND POOL, OR WILDCAT <u>Wildcat Wolfcamp</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>8-18-32</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 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) <u>Re-staked location</u>	<input checked="" type="checkbox"/>		<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.)

Per the request made 7/17/85 by Barry Hunt (BLM) Amoco re-staked roads x locations for the subject well to comply with this request. Attached is a new Surface Location Plat (C-102). Please amend our form 3160-3 (APD) to reflect the new location.

0 + 5 BLM, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED

TITLE Administrative Analyst (SG)

DATE

7/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

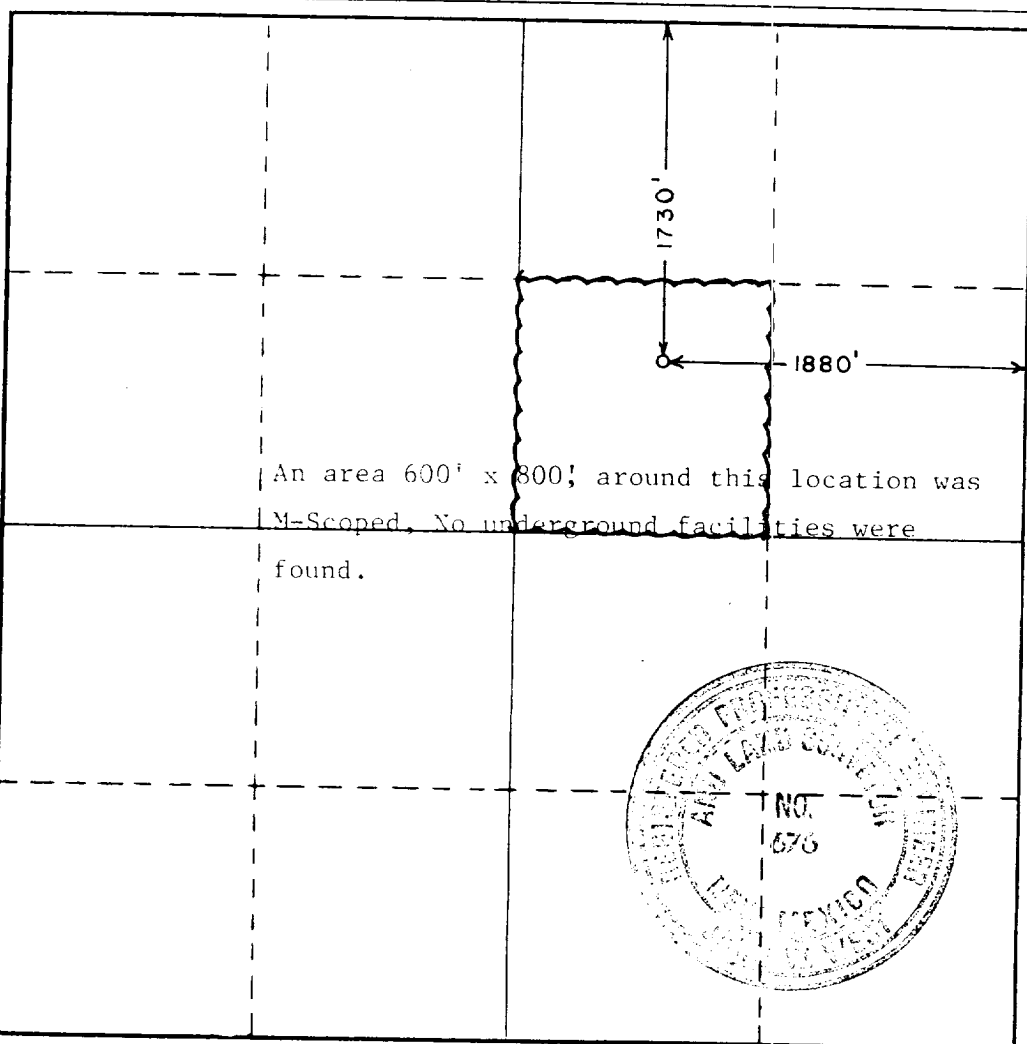
Operator Amoco Production Co.			Lease Federal DK.			Well No. 2		
Unit Letter G	Section 8	Township 18 South	Range 32 East	County Lea				
Actual Footage Location of Well: 1730 feet from the North line and 1880 feet from the East line								
Ground Level Elev. 3802.0	Producing Formation Wolfcamp		Pool Wildcat Wolfcamp	Dedicated Acreage 40 Acres				

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name  
*Charles M. Herring*  
Position  
*Admin. Analyst (SE)*  
Company  
*Amoco Production Co.*  
Date  
*7/22/85*

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
July 18, 1985

Registered Professional Engineer  
and/or Land Surveyor

*John W. West*  
Certificate No. JOHN W. WEST, 676  
RONALD J. EIDSON 3239

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HARRIS