

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div.
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-060579
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No (713) 366-7337 Attn: T G Tullos, 17.166, P O Box 4891, Houston, TX 77210	7. If Unit or CA, Agreement Designator.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit Letter A, 660 FNL x 660 FEL, Section 22, T-24-S, R-37-E	8. Well Name and No. South Mattix Unit Federal
	9. API Well No. No. 15 30-025-20513
	10. Field and Pool, or Exploratory Area Fowler Silurian
	11. County Apache State Lea, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

MIRUSU 08/14/96 x lay down rods x poh x tubing x rih x CIBP x wireline x set CIBP at 7345' x cap x 35' cement x poh x rig up perforators x perf Silurian zone at 4 JSPF x 90 degree phasing from 7002' to 7040' x rih x tbg x pkr x acidize formation (7002-7040) x 1000 gallons of 15% HCL acid & ball sealers x rig down x move out service unit 08/26/96 x test well

Well Test: 0 B0 x 2 BW x 700 MCF on 09/10/96

APPROVED
(ORIG. SGD.) DAVID R. GLASS
SEP 25 1996
BLM

RECEIVED
OCT 7 12 22 PM '96
OASIS
ANALYST

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

Signed *T G Tullos* Title Sr Business Analyst Date 09/25/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____