

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

LC-060579

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** **GAS WELL** **OTHER**

2. **NAME OF OPERATOR**
AMOCO PRODUCTION COMPANY

3. **ADDRESS OF OPERATOR**
Post Office Box 68, Hobbs, New Mexico 88240

4. **LOCATION OF WELL** (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL x 660' FEL Sec. 22
(Unit A, NE/4 NE/4)

14. **PERMIT NO.** _____ 15. **ELEVATIONS** (Show whether DF, RT, GR, etc.)
3243' RDB

8. **IF INDIAN, ALLOTTEE OR TRIBE NAME**

7. **UNIT AGREEMENT NAME**
South Mattix Unit Fed

8. **FARM OR LEASE NAME**
South Mattix Unit Fed

9. **WELL NO.**
15

10. **FIELD AND POOL, OR WILDCAT**
Fowler Ellenburger

11. **SEC., T., R., M., OR BLK. AND SURVEY OR AREA**
22-24-37

12. **COUNTY OR PARISH** 13. **STATE**
Lea 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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)			

(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.)*

Propose to swab test Ellenburger perforations, if water productive squeeze perfs. Also perforate additional pay and acidize as follows:

Pull rods, pump, tbg. anchor (set at 9619'), and tbg. RIH with pkr., seating nipple, and tbf., set pkr. at 9620'. Swab test Ellenburger interval 9660-9700'. Release pkr, and POH. (If Ellenburger has a high water cut cmt. squeeze as follows: RIH with cmt. retainer and set at 9665'. Run tbg. and sting into cmt. retainer. Pump 100 sxs class 'H' cmt. with additives. Sting out of cmt. retainer and reverse out excess cmt. RIH bit and bulldog bailer. Drill out to cmt. retainer at 9655', and POH.) RIH with a 4" hollow carrier casing gun and perforate the intervals 9556-66', 9570-76', 9594-98', 9615-9619', and 9624-30' w/4JSPF. RIH with Pin Point Injection Pkr. w/collar locator and tbg. (If Ellenburger has a low water cut, do not squeeze the interval 9660-9700', but instead acidize this interval as follows: Set a Pin Point Pkr. at 9650' and pump 1000 gals of 15% NEFE HCl acid w/additives. Flush with 60 bbls of 2% KCl.) Drop retrievable fluid plug and RFC valve and acidize the following perfs in 1' intervals 9624-30', 9615-19', 9594-98', 9570-76', 9556-66', 9518-32' 9504-9505', and 9494-97' with 100 gals of 15% NEFE HCl with additives per foot. Pull up pkr. to 9480'. Pull retrievable fluid plug and RFC valve. Flush acid to perfs with 2% KCl. Release Pin Point Injection Pkr. and POH. Run in hole with Mother Hubbard, seating nipple, tubing anchor, and tbg., land at 9480'. Run pump and rods and return well to production.

0+5 BLM,C 1-J.R. Barnett, Hou Rm 21.156 1-F.J. Nash, Hou Rm 4.206 1-GCC

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

SIGNED Mary C. Clark TITLE Assistant Admin. Analyst DATE 5/23/84

(This space for Federal or State office use)

APPROVED BY R. Pitarke TITLE P.E. DATE 6/6/84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side