

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

(Other instructions  
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-060579</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.) <u>At surface</u> <u>680' FNL x 810' FEL</u> <u>(UNIT A, NE1/4, NE1/4)</u>		8. FARM OR LEASE NAME <u>South Matix Unit Federal</u>
14. PERMIT NO. <u>3002525613</u>		9. WELL NO. <u>28</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3229.2' GL</u>		10. FIELD AND POOL, OR WILDCAT <u>Jowler Upper Gess</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>22-24-37</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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PCLL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

~~SHOOTING OR ACIDIZING~~

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

MISU 8-12-85 and POH with production equipment. RIH with bit and bull dog tailer. Cleaned out fill from 5208'-5295'. Ran tubing and packer. Set packer at 5051' and tailpipe at 5273'. Acidized with 2,000 gals 15% HCL and 40 BFW 2% KCL. Swabbed 11 hrs. Released packer and POH. Re-ran production tubing and Mother Hubbard. Swabbed 16 hrs. Ran rods & pump. MISU 8-23-85. Returned well to production and pump tested. Operations completed 9-30-85.  
PAWD: 3BOPD, 68BOPD, 103 MCFD.

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

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

SIGNED Charles M. Lerry

TITLE Administrative Analyst (SA)

DATE 10-1-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 4 1985

\*See Instructions on Reverse Side

RECEIVED  
OCT - 7 1985  
D.C.D.  
HOBBS OFFICE