

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1421.  
LEASE DESIGNATION AND SERIAL NO.

LC-032450(A)

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"/>		7. UNIT AGREEMENT NAME South Mattix Unit	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME South Mattix Unit	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		9. WELL NO. 29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1940' FNL x 804' FEL (Unit H SE/4 NE/4) Section 22		10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3230.7 GR		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"/>
(Other) <input type="checkbox"/>	(Other) <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.)\*

Request 90-day extension of permit to drill. Drilling has been delayed to evaluate results of SMU #32.

Reviewed, this drilling approval  
Expires 4-30-78

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

SIGNED Ray W. Cox TITLE Administrative Assistant DATE 11-29-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

0 & 4 - USGS-H	1 - Arco
1 - Div.	1 - Conoco
1 - RC	1 - Chevron *See Instructions on Reverse Side
1 - Susp.	1 - Tenneco

**APPROVED**  
DATE  
JAN 30 1978  
A.A.T.  
ACTING DISTRICT ENGINEER

RECEIVED

JAN 8 1978

OIL CONSERVATION COMM.  
HOBBS, N. M.