

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
CASE DESIGNATION AND SERIAL NO.

LC-032450 (b)

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
P. O. Drawer A, Levelland, TX 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1980' FNL x 1980' FWL Sec.15 (Unit F SE/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3266 DF

6. 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.
4

10. FIELD AND POOL, OR WILDCAT
Fowler Ellenburger

11. SURVEY (R, M, OR BLK. AND SURVEY OR AREA)
15-24-37 NMPM

12. COUNTY OR PARISH
Lea

13. STATE
NM

RECEIVED
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :

SUBSEQUENT REPORT OF :

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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.)*

Propose to repair casing leak by running work string tubing with packer and bridge plug. Isolate csg leak and run casing inspection log. Squeeze casing leak w/cement. Rerun tubing and restore well to production.

Wellbore sketch attached.

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE 2-28-78

(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 - Susp. 1 - Tenneco *See Instructions on Reverse Side
1 - RC

APPROVED
AS AMENDED
MAR 2 1978
A.O.F.
ACTING DISTRICT ENGINEER

RECEIVED

MAR 3 1976

OIL CONSERVATION COMM
DOWNS, N. M.