

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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, Texas 79336

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL, Sec 15
AT TOP PROD. INTERVAL: (Unit D, NW/4, NW/4)
AT TOTAL DEPTH:

5. LEASE
LC-032450 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
South Mattix Unit

8. FARM OR LEASE NAME
South Mattix Unit

9. WELL NO.
7

10. FIELD OR WILDCAT NAME
Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-37

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3273 RDB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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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 increase production by removing scale buildup in tubing and wellbore. Acidize existing lower perms 5420'-697' with 3400 gal 15% NE-HCL acid. Acidize existing upper perms 5,174'-355' with 2600 gal 15% NE-HCL acid. Return well to production. Verbal approval to acidize granted by Mr. Jim Simms (USGS, Hobbs) to Randy Atkins (Amoco) on 3/13/79.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE March 13, 1979

(This space for Federal or State of _____)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

- | | |
|-------------|-----------|
| 0+4-USGS, H | 1-Arco |
| 1-Div | 1-Conoco |
| 1-Susp | 1-Tenneco |
| 1-RWA | 1-Chevron |

*See Instructions on Reverse Side

APPROVED
MAR 15 1979
ACTING DISTRICT ENGINEER