COPY TO O. C. C.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-036249

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME
CORTLAND MYERS UNIT

2. NAME OF OPERATOR
Amoco Production Company

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 88240

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980' FSL x 1980' FWL Sec. 22 (Unit K, NE/4 SW/4)

10. FIELD AND POOL, OR WILDCAT
LANGLIE MATTIX - OIL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-21-37 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3256' R.D.B

12. COUNTY OR PARISH
LEA

13. STATE
N.M

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			[ ]
(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.)*

Acidized down casing annulus w/ 500 gal 15% LSTNE and followed w/ scale inhibitor squeeze job.
Returned to production.

Prior - Pmp 8 BO + 58 BW 24 hrs.
After - " 12 BO + 86 BW 24 hrs.

OC - 8-31-72
Comp - 9-12-72

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

SIGNED [signature] TITLE AREA SUPERINTENDENT DATE 9-13-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4 - USGS - Hd
1 - Dir
1 - Susp

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
SEP 15 1972
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

RECEIVED
SEP 1 1976
OIL CONSERVATION COMM.
HOBBS, N. M.