

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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-032450-A</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.) At surface <u>660' FNL x 1980' FEL</u> <u>(UNIT B, 14, 14)</u>		8. FARM OR LEASE NAME <u>South Matix Unit Federal</u>
14. PERMIT NO.		9. WELL NO. <u>3</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3264' RDB</u>		10. FIELD AND POOL, OR WILDCAT <u>Fowler Upper 450</u>
		11. SEC., T., R., M., OR B.L. 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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input 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.)*

MISU 7-19-85 and PDH with production equipment. RTH with packer and RBP. Set RBP at 5700'. Acidized the gross interval 5126-5655 in 4 settings. First setting 5700'-5580' with 1000 gals 15% HCL. Second setting 5595-5465' with 1500 gals 15% HCL. Third setting 5325-5465' with 2600 gals 15% HCL. Fourth setting 5340-5025' with 3500 gals 15% HCL. Flush all intervals to bottom perfs. PDH with tubing, packer, and RBP. Ran production equipment with seating nipple landed at 6697'. MOSU 7-24-85 and returned to production for pump testing. Work completed 8-26-85. PAWD: 1BOPD, 11BOPD, 26MCFD.

AUG 29 1985

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

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

SIGNED Charles M. Lanning TITLE Administrative Analyst (SG) DATE 8/28/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

AUG 30 1985

*See Instructions on Reverse Side

RECEIVED

SEP - 3 1985

O.C.D.
HOBBS OFFICE