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.)

7. UNIT AGREEMENT NAME
COOPERLAND (7 RIVERS) UNIT

OIL WELL [X] GAS WELL [ ] OTHER

8. FARM OR LEASE NAME

2. NAME OF OPERATOR
Amoco Production Company

9. WELL NO.
3

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

10. FIELD AND POOL, OR WILDCAT
LANGLIE MATTIX

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-24-37 NMPM

660' FSL x 1980' FEL Sec. 22 (Unit O - SW/4 SE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3252' RDB

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	[X]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other) Repair open hole			[X]
(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.)*

In restoring well to production acidized open hole section 3277 - 3580' w/ 500 gal 15% acid and treated for scale by squeezing w/ mixture of well aide 833 scale inhibitor, water, & 835 demulsifying agent. Restored to production.

Prior - Pmp 0-60 + 0 BW
After - Pmp 102 BO + 23 BLW 24 hrs.

ILLEGIBLE

OC- 8-14-72

Comp 9-6-72

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 9-7-72

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
SEP 8 1972
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

OCC - USGS-Hbs
1 - Dist
1 - Susp

*See Instructions on Reverse Side