

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
verse 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY.

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

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

7. UNIT AGREEMENT NAME

PORTLAND MINERS UNIT

8. FARM OR LEASE NAME

"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATIX-OIL

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

22-24-37 NMPM

14. PERMIT NO.

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

3240' GL

12. COUNTY OR PARISH

LEA

13. STATE

NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

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.)*

In accordance w/ notice dated 8-6-75, remedial work performed as follows:

Cleaned out hole w/ trailer. Treated open hole section 3360'-3565' w/ 990 Gal C Derf + 1000 gal 15% NE Acid. Evaluated & restored to production.

Prior - Pmp 11 BD x 70 BW 24 hours.

after - Pmp 30 BD x 77 BW 24 hours.

TD- 3565'

5 1/2" CSA 3360'

OH - 3360'-3565'

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

SIGNED

[Signature]

TITLE

ADMINISTRATIVE ASSISTANT

DATE

AUG 29 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

0+4-USGS-H
1-DIV
1-SUSP
1-RRY

*See Instructions on Reverse Side

