

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> INJECTION WELL		7. UNIT AGREEMENT NAME CORTLAND MYERS UNIT
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		8. FARM OR LEASE NAME CORTLAND MYERS UNIT
3. ADDRESS OF OPERATOR P.O. DRAWER A, LVEILLAND, TEXAS 79336		9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL x 1650' FEL Sec. 22 (UNIT J, NW/4 SE/4)		10. FIELD AND POOL, OR WILDCAT LANGLIE MATTHEW - OIL
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37 NMAN
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3258' DF		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <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.)*

In an effort to eliminate annulus pressure propose to pull and replace tubing and packer as needed. Replace well to injection.

RECEIVED
APR 8 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

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

05 2 - USGS - H
1 - Div.
1 - Susp.
1 - Re

*See Instructions on Reverse Side

APPROVED
DATE
APR 11 1977
BERNARD MOROZ
ACTING DISTRICT ENGINEER

APPROVED

RECEIVED

APR 12 1977

U.S. DEPT. OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, D.C. 20540