

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-032450 (a)
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 3092, Houston, TX 77253 (Rm. 17.182)	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL X 660' FEL (Unit H, SE/4, NE/4) Sec. 22, T-24-S, R-37-E	8. Well Name and No. S.Mattix Unit Federal #5
	9. API Well No. 30-025-11201
	10. Field and Pool, or Exploratory Area Fowler-Upper Silurian
	11. County or Parish, State Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion (Fusselman)	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

MI & Rig up service unit. POH prod. equip. Set cmt retainer at 6050'.  
Cmt w/175 sx Class "C" neat cmt. Squeeze to 500 psi. Reverse out any excess cmt. WOC.  
Tag cmt. Drill out retainer & cmt. Pressure test to 1000 psi for 30 min.  
Drill out remaining cmt X CIBP X 6900'.  
Set CIBP @ 7400' & cap w/35' cmt. Set cmt retainer at 6900'. Cmt w/100 sx Class "C"  
neat cmt. Squeeze to 500 psi. Reverse out any excess cmt. WOC.  
Tag cmt. Drill out retainer & cmt. Pressure test to 1000 psi for 30 min.  
Perf 7270-90' W/2 JSPF.  
Acidize w/3000 gal 15% NEFE HCL. Swab.  
Rig down.

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

Signed Kenneth A. Garrison Title Asst. Admin. Analyst Date 12/27/91

(This space for Federal or State office use)

Approved by [Signature] Title [Signature] Date 2/3/92  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side