

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Lease Designation & Serial No.

LC-032450-A

If Indian, Allottee or Tribe Name

Unit Agreement Name

Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator

AMOCO PRODUCTION COMPANY

Farm or Lease Name

SOUTH MATTIX UNIT FEDERAL

Address of Operator/Telephone No.

P.O. BOX 3092

(713) 596-7614

HOUSTON, TX 77253

Well No.

5

Field and Pool

FOWLER DRINKARD

Location of Well 1980' FNL X 660' FEL

BHL: (UNIT H, SE/4, NE/4)

Sec. T., R., M., or BLK

22-24-37

API No. 3002511201

Elevation 3247 DF

County

LEA

State

NM

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"/>	Alter Csg	<input type="checkbox"/>	Water Shut Off	<input type="checkbox"/>	Repair	<input type="checkbox"/>
Fracture Treatment	<input type="checkbox"/>	Mult Comp	<input type="checkbox"/>	Fracture Treatment	<input type="checkbox"/>	Alt Csg	<input type="checkbox"/>
Shoot/Acidize	<input type="checkbox"/>	Abandon	<input type="checkbox"/>	Shoot/Acidize	<input type="checkbox"/>	Abandon	<input type="checkbox"/>
Repair Well	<input type="checkbox"/>	Chg Plans	<input type="checkbox"/>				
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	CORRECT BLM DATABASE			<input checked="" type="checkbox"/>

Describe Proposed or Completed Operations:

THE ABOVE WELL WAS UNSUCCESSFULLY RECOMPLETED FROM THE FOWLER UPPER SILURIAN TO THE FOWLER DRINKARD. THE FOWLER UPPER SILURIAN FORMATION WAS PLUGGED WITH A CIBP SET AT 6900' AND 35 SACKS OF CEMENT. PLEASE UPDATE THE BLM DATABASE TO REFLECT THIS CHANGE.

ENCLOSED ARE THE REPORTS FILED AND ACCEPTED FOR RECORD FOR THE WORK DONE.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT PHILLIP HILL (713) 596-7614.

I hereby certify that the foregoing is true and correct

Signed

Title

AA ANALYST

Date

07-24-90

(This space for Federal or State office use)

Approved By

Title

Date

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

RECEIVED

Aug 3 11 41 AM '90

Aug 6 8 20 AM '90

CARE AREA