

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0125  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 7. UNIT AGREEMENT NAME                                       |  |
| 2. NAME OF OPERATOR<br>Amoco Production Company  |  | 8. FARM OR LEASE NAME<br>South Mattix Unit <i>fed</i>        |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 3092, Houston TX 77253  |  | 9. WELL NO.<br>5   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1980' FNL x 660' FEL<br>(Unit H, SE/4, NE/4) |  | 10. FIELD AND POOL, OR WILDCAT<br>Fowler Drinkard            |  |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>22-24-37 |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3247' DF   |  | 12. COUNTY OR PARISH<br>Lea                                  |  |
|  |  | 13. STATE<br>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 checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input 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.) \*

MIRUSU 2-8-90

Pull pump x rods x tbgx start to PU x R tbg x Pkr. Fin run tbg x load x tst annulus 200#, OK. Acidize via tubing w/5000 gals. 15% NeFe Acid x 900# rock salt x flush w/60 bbls 10# brine x SI. Pull tubing x pkr x run tbg x pump x rods. Test pump, OK. RDMOSU 2-12-90. Pump to test.

2-11-90 Ø BOPD, Ø MCFD, 128 BWPD  
2-12-90 Ø BOPD, Ø MCFD, 99 BWPD  
2-13-90 Ø BOPD, Ø MCFD, 10 BWPD

RECEIVED  
FEB 20 8 12 AM '90  
OIL  
ADVIS.

FOR RECORD

FEB 23 1990

CARISBAD, NEW MEXICO

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

SIGNED Amelia Hartman TITLE Asst. Admin. Analyst DATE 02/13/90

Amelia Hartman  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side