

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 AMOCO PRODUCTION COMPANY | 8. FARM OR LEASE NAME South Mattix Unit |
| 3. ADDRESS OF OPERATOR P.O. BOX 68, HOBBS, NM 88240 | 9. WELL NO. 5 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL x 660 FEL Unit H, (SE/4, NE/4) | 10. FIELD AND POOL, OR WILDCAT Fowler Ellenburger |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 22; T-24-S; R-37-E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247' DF | 12. COUNTY OR PARISH Lea |
| | 13. STATE NM |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

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.)

MIRU-SU. POH w/production equip. RIH w/workstring & treatment packer. Set at 9491'. Pump 252 BBLS of 2% KCL fresh water down casing & pressure up to 150 psi. Acidize w/9200 gallons 15% HCL and drop 625 ball sealers. Flush with 43 BBLS of 2% KCL fresh water. Max pressure 2300 psi. Swab 6 hours. Release packer & POH. Run Mother Hubbard & Guiberson 7" Anchor & 2-3/8" tubing and 2-7/8" tubing. Tubing set at 10005. RIH w/rods & pump. RDMO-SU 9-11-86. Start production test.

PPWO: 0 BOPD; 0 BWPD; 0 MCFD.
PAWO: 9 BOPD; 73 BWPD; 80 MCFD.

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

SIGNED

TITLE

ADMINISTRATIVE ANALYST

DATE 9-30-86

(This space for Federal or State office use)
Steve Brownlee

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 03 1986

*See Instructions on Reverse Side