

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. COPY
(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 ☒ GAS WELL ☐ 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 OF OPERATOR P.O. Box 3092 Houston, Tx 77253	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL & 330 FEL Section 22 (Unit I, NE4 SE4)	8. FARM OR LEASE NAME Sarth Mattix Unit Fed.
14. PERMIT NO.	9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3243' GL	10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37
	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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(Other) ☐	

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.)

RUSU 4/23/90

Acidize perfs 5154-5695 w/4360 gals 15% NE HCL
& 1500 # rock salt in 3 stages. Flush. return to prod.

RDSU 4/26/90

RECEIVED
OCT 25 10 55 AM '90
OCT 25 10 55 AM '90
OCT 25 10 55 AM '90

Matthew C. Wines (713) 556-3744

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

SIGNED Matthew C. Wines

TITLE Administrative Analyst

DATE 10/22/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

NOV 01 1990

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION