

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

O. C. C.  
Form approved.  
Budget Bureau No. 42-R1424.

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 MATTHEW UNIT Fed
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	9. WELL NO. 13
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT FOWLER UPPER YESO
14. PERMIT NO. 2310 FSLX 330 FEL Sec. 22 (Unit I, NE 1/4 Sec 4)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37 NMDPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3253' RDB	12. COUNTY OR PARISH LEA
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)\*

In accordance w/ form 9-331 dated 8-19-70, remedial work performed as follows:  
Perforated addtl intervals, various, between 5154-5398' w/ 2 1/2" SPF. Acidized w/ 5000 gal 15%. Scrubbed in and evaluated.  
Pre-Sept Prof averaged 2060 PD.  
After - Pump 36 PD + 4 BW 24 hrs.

TD-7856 OC- 8-20-70  
PBD-5720 Comy 9-29-70  
5% CSA 7856

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

APR 21 1971

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED FOR RECORD

APR 2 1971

\*See Instructions on Reverse Side  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

0+4 MSGS-14  
1- ACJR  
1- SUSP  
1- ATC  
1- CONOCO  
1- TENNECO  
1- CHEVRON  
1- STATE LAND

RECEIVED

APR 10 1971

OIL CONSERVATION COMM.  
WASHINGTON, D. C.