| Form 3160-5 UNI D STATES SUBMIT IN TRIPLA November 1983) DEPARTMENT OF THE INTERIOR (Other instructions on instructins on instructions on instructions on instructions on instru | | | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEABE DESIGNATION AND SERIAL NO. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| BUREAU OF LAND MANAGEMENT | | | C-060579 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| (Do not use this form fo Use "A | NOTICES AND REPORTS r proposals to drill or to deepen or plug SPPLICATION FOR PERMIT—" for such | ON WELLS back to a different reservoir. proposais.) | G. IF INDIAN, ALLOT | TEE OR TRIBE NAME |
| 1. OIL X GAS WELL OTHEE | | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Amoco Production Company | | | South Mattix Unit Federal 8. FARM OR LEASE NAME | |
| ANNULU PRODUCTION C | ompany | | South Matti | <u>(Unit Feder</u> al |
| P. O. Box 68, Hobbs, New Mexico 88240 | | | 9. WHLL NO. 15 | |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.⁶ See also space 17 below.) At surface | | | 10. FIELD AND FOOL, OR WILDCAT | |
| 660' FNL X 660' FEL, Sec. 22, T-24-S, R-37-E | | | Fowler Elle | nburger |
| (Unit A, I | NE/4, NE/4) | 4-3, K-3/-E | SURVEY OR AR | e els. And Ra |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, BT, GR, etc.) | | | 22-24-37 | |
| | 3243' RDB | л, л,, цк, есс.) | 12. COUNTY OF PART | SEI 13. STATE NM |
| 6. Che | ck Appropriate Box To Indicate I | Nature of Notice Report or O | the Data | |
| | INTENTION TO : | 1 | INT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING | |
| FRACTUBE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTEBING | |
| SHOOT OG ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING X | ABANDONM | ENT* |
| (Other) | CHANGE PLANS | (Other) | of multiple completion | |
| 7. DESCRIBE PROPOSED OR COMPLET proposed work. If well is nent to this work.)* | TED OPERATIONS (Clearly state all pertined directionally drilled, give subsurface loca | completion or Recomple | tion Report and Log f | (orm.) |
| additives. Pulled and flush with 13 E 9615', 9598'-9594', with 100 gals per i 9505'-9504', 9497'- 100 gals per interv nipple LA 6366' wit | -9566', 9570'-9576', 95 and tubing. Acidized per tubing and acid 9630'-96 obls 2% KCL. Ran tubing 9576'-9570' and 9566'-9 nterval. Release tubing 9494' with 1700 gals 15% al. Release packer and h tubing anchor SA 9427' 24 hrs pump 2 BO, 108 E | and packer set at 9242 and packer set at 9242 9556' with 2100 gals 15 g and packer set at 953 % NEFE HCL with additiv POH. RIH with Mother | 200 gals 15% 5. Pulled tu 2'. Acid per 5% NEFE HCL i 32'. Acid per 7es in 1 ft. Hubbard LA 94 | NEFE HCL with bing to 9400' fs 9616'- n 1 ft. interval rfs 9532'-9518; intervals with 457'. Seating |
| | . Barnett, HOU Rm. 21.15 | 56 1-F.J. Nash, HOU F | um. 4.306)-1 UUL 25 CIST. 6 | A A A A A A A A A A A A A A A A A A A |
| (This space for Federal or Stat | TITLE Ad | ministrative Analyst | DATE 7-2 | 3-84 |
| APPROVED BY CONDITIONS OF APPROVED | | | DATE | |
| | | | | |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.