COPY TO O. C. C.

Form 9-331 (May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-032450 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: SOUTH MATTIX UNIT FED

2. NAME OF OPERATOR: Amoco Production Company

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

9. WELL NO.: 18

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 1880' FEL Sec. 22 (Unit G, SW/4 NE/4)

10. FIELD AND POOL, OR WILDCAT: Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 22-24-37 NMPM

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3264' R.D.B.

12. COUNTY OR PARISH: LEA

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[X]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[X]	CHANGE PLANS	[ ]	(Other)			
(Other)							

(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 an effort to increase productivity propose to perforate additional pay and fracture.

Perforate various intervals 5159'-5382' w/2 SPF. Frac w/ appx 20000 gal brine + 18000# sand after acidizing w/1000 gal 15%. Evaluate and restore to production.

Prior-Prod 4 BO + 1 BW 24 Hr. GOR 3000.
TD-5770
PBD-5700

2" CSA 5770' (ETCmt 2770')

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

SIGNED ____________ TITLE AREA SUPERINTENDENT DATE [illegible] 1971

(This space for Federal or State office use)

APPROVED BY ____________ TITLE ____________ DATE ____________

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUL 15 1971
ARTHUR R. BROWN
DISTRICT ENGINEER

0+4-USGS-H
1-AC SY
1-SUSP
1-RRY
1-ARCO
1-TENNECO
1-CHEVRON

*See Instructions on Reverse Side