

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(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"/>		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 68, Hobbs NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. At surface) 660' FNL X 1980' FNL Sec. 22 (Unit C, NE/4 NW/4)		8. FARM OR LEASE NAME South Matux Unit Federal
14. PERMIT NO.		9. WELL NO. 19
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3277' RDB		10. FIELD AND POOL, OR WILDCAT Fowler Upper Gess
		11. SEC., T., R., S., OR BLK. AND SURVEY OF 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	<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 type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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.)

MISU 10-17-84. POH with rods, pump, and tbg. Tbg. parted, fished tbg and cleaned out to 5724'. TTH with tbg, RBP, and pkr. Acidized in 3 stages with 10900 gals of 15% NEFE HCL acid. Released pkr and RBP and POH. TTH with tbg, seating nipple, rods + pump. Seating nipple landed at 5720'. Pressure tested rod pump to 500 psi, tested OK. MOSU 10-24-84 and pump tested for 6 days. Last 24 hrs pump 19 BO, 196 BW, and 5 MCF. Returned well to production.

075 BLM, C 1-J.R. Barnett, Han Am 21.156 1-F.J. Nash, Han Am 4.206 1-GCC

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

SIGNED Ray C. Clark TITLE Asst. Admin. Analyst DATE 11-7-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

Carlsted, [Signature] *See Instructions on Reverse Side