

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP*
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SOUTH MATIK UNIT FED

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT
FOWLER UPPER YESO11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

22-24-37 NMPM

12. COUNTY OR PARISH

LEA

NM

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

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LEBLAND, TEXAS 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL x 1980' FWL SEC. 22 (UNIT C NE/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3277' RDB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 production, acidized Upper Yeso
perfs 5214 - 5620 with 500 gals 15% Reg. Acid and 165
gals Wellaid 828 with 2 gts Wellaid 872 mixed with
150 bbl fresh water.

Prod. prior to wo - Pmp 4 BO x 123 BW 24 hrs.

Prod. after wo - Pmp 21 BO x 416 BW x 828 MCF 24 hrs.
GOR 39,429.

TD - 5767

PBD - 5727

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

SIGNED

Ray W. Cox

TITLE Administrative Assistant

DATE 7-6-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUL 8 1976

J. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO1-RC
4-USGS-H
1-DIV
1-SUSP
1-ARCO
1-CONOCO
1-CHEVRON
1-TEXACO

RECEIVED

JUL 22 '96

U.S. CONSERVATION COMM.
HOBBBS, H. H.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-052000

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SOUTH INDIAN UNIT FED

8. FARM OR LEASE NAME

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

FOWLER UPPER Yesso

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

RR-24-37 NMPM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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 ☐

2. NAME OF OPERATOR

United Production Company

3. ADDRESS OF OPERATOR

1001 W. 10th St., N. M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

680' FNL x 1980' FWL SEC. 22 (Unit C, NE 1/4 NW 1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3277' R.D.B.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☒
☐
☐
☐

(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.)

Additional Guss intervals 5214, 20, 25-29, 44, 57,
61-63, 67, 71, 8315, 19, 24, 27-29, 37, 42, 46, 60, 67,
73, 8405, 11, 16-20 were perforated w/ 215PF.
Acidized w/ 1500 gal 15% HCl & 7 race w/ 36,000
gal gelled brine + 54000 # sand.

Prior Pimp 21 ED-14 BW 24 hrs. GOR 2810.
After " 41 " 136 " " " 930.

TD-5767
PBD-5727
7" CSA 5767

OC- 11-29-71
Comp. 1-14-72

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

JAN 17 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ON 4- USGS-14
1- DIV
1- SUSP
1- PRC
1- COMD
1- CHEM
1- TENNCO

*See Instructions on Reverse Side

RECEIVED

JAN 21 1972

OIL CONSERVATION COMM
HARRIS, T. G.