

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side) 88240

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-060579
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.* See also space 17 below.) At surface 680' FNL x 810' FEL (Unit A, NE/4, NE/4)	8. FARM OR LEASE NAME South Mattix Unit Federal
14. PERMIT NO. 3002525613	9. WELL NO. 28
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3229.2' GL	10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
	11. SEC., T., R., M., OR BLK. AND SURVEY OR 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 ☐
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.)

MISU and pulled rods and pump. RIH w/packer and workstring. Packer set at 5024'. Acidize w/3000 gallons of 15% HCl acid and air 3 BPM and vac. Swab test. RIH production equipment. Present status producing.

PAWO: 1 BOPD x 12 BWPD x 13 MCFD

0 + 5 BLM, 1 - JAS, 1 - FJN, 1 - Well file, 1 - SBB
18. I hereby certify that the foregoing is true and correct
SIGNED Steve Brownlee TITLE ADMINISTRATIVE ANALYST DATE 8/20/86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____
ACCEPTED FOR RECORD
DATE 8/22/1986

*See Instructions on Reverse Side

RECEIVED
AUG 25 1986
C.C.C.
MOBILE OFFICE