

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42 R1424.
LEASE DESIGNATION AND SERIAL NO.

LC-032450-A

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		8. FARM OR LEASE NAME Myers "A" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL x 660' FEL (Unit I, NE/4 SE/4) Sec. 22		9. WELL NO. 7	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Langlie Mattix Queen	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3245.3 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Completion <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)*

Set tubing at 3224'. Release service unit 1/7/78. Flow test well to recover load water.

Well completed 1/30/78 as a flowing gas well with a potential of 160 MCFD x 0 BCPD x 152 BWPD in 24 hrs. SITP 340#. SICP 325#. TPF 45#. CPC 280#.

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

SIGNED Ray W. Cox TITLE: Administrative Supervisor DATE 2-6-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE: _____

CONDITIONS OF APPROVAL, IF ANY:

0 + 4 - USGS-H.
1 - Div.
1 - Susp.
1 - RC

*See Instructions on Reverse Side

