

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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. 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 Co.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, TX 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, 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:

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set oil string	<input type="checkbox"/>		<input checked="" 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.) *

Continued drilling to TD of 3600'. Ran 5½" casing and set at 3600'. Cemented with 950 sx Class C cement + additives. Plugged down at 8:45 P.M. 12/20/77. Circulated 60 sx cement. Released rig 1:00 A.M. 12/21/77.

Moved in service unit 1/2/78. Pressure test casing with 1500# for 30 minutes. Tested ok. Perforated the following intervals: 3236'-3248', 3255'-3273', 3281'-3300' with 2 DPJSPF. Spotted 3084 gal. 15% acid across the perfs. Fraced down casing with 32,000 gal. Titan Gel + 90,300 # sand.

Flow testing well to evaluate.

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

SIGNED Randy Atkins TITLE Asst. Admin. Analyst

DATE 1-13-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

0 + 4-USGS, Hobbs
1-Div.
1-Susp.
1-RC

TITLE

*See Instructions on Reverse Side

