

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Myers A Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Queen

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

22-24-37

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Amoco Production Co.

3. ADDRESS OF OPERATOR  
P. O. Drawer A, Levelland, TX 79336

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)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3245.3 GR

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"/>	

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) <u>Set oil string</u> <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 Utbins TITLE Asst. Admin. Analyst

DATE 1-13-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

\*See Instructions on Reverse Side

