N. N. CIL CONS. COMMISSION

P O POV 1090 HOBBS, NEW MEXICO 89210

Form 9-331 Dec. 1973

.

UNITED STATES

Form Approved. Budget Bureau No. 42-R1424

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AREA AT SURFACE: 1535' FLL X 330' FEL, Unit H AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E AT TOTAL DEPTH: 12. COUNTY OR PARISH 13. STATE Lea NM 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3223.8' GR 16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE WULL OR ALTER CASING MULL OR ALTER CASING MULL OR ALTER CASING CHANGE ZONES ABANDON* (other)	DEPARTMENT OF THE INTERIOR	5. LEASE LC-032450 (A)
CD not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.) 8. FARM OR LEASE NAME South Mattix Unit 1. oil gas well other 9. Well Mattix Unit 2. NAME OF OPERATOR Amoco Production Company 32 3. ADDRESS OF OPERATOR P. 0. Box 68, Hobbs, New Mexico 88240 9. Well NO. 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 9. Well X 330' FEL, Unit H AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 9. Well Provide the	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil well gas well other 3. ADRESS OF OPERATOR South Mattix Unit 2. NAME OF OPERATOR 32 Amoco Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Fowler Upper Yeso 1. oil well well 9. WELL NO. 3. ADDRESS OF OPERATOR 10. FIELD OR WILDCAT NAME Fowler Upper Yeso 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 22-24-37 AT SURFACE: 15.35' FLL X 330' FEL, Unit H AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E 12. COUNTY OR PARISH 13. STATE AT TOTAL DEPTH: 12. COUNTY OR PARISH 13. STATE 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF 13. PULL OR ALTER CASING 14. API NO. WULTIPLE COMPLETE 14. CHANGE ZONES 14. ABANDON* 14. Getter 14. Change on Form 9-330.3 14.		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR 32 Amoco Production Company 32 3. ADDRESS OF OPERATOR 90 P. 0. Box 68, Hobbs, New Mexico 88240 10. FIELD OR WILDCAT NAME Fowler Upper Yeso 11. SEC., T., R., M., OR BLK. AND SURVEY OR A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 22-24-37 below.) AT SURFACE: 1535' FLL X 330' FEL, Unit H AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E 12. COUNTY OR PARISH 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, NM REPORT, OR OTHER DATA 14. API NO. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF 9323.8' GR ITEST WATER SHUT-OFF 12 PRACTURE TREAT 13 SHOOT OR ACIDIZE 14 MULTIPLE COMPLETE 14 OPULL OR ALTER CASING 15 MULTIPLE COMPLETE 16 CHANGE ZONES 17 ABANDON* 18	1. oil gas	South Mattix Unit
3. ADDRESS OF OPERATOR P. 0. Box 68, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Fowler Upper Yeso AT SURFACE: 1535' FLL X 330' FEL, Unit H Art TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E AT TOTAL DEPTH: I2. COUNTY OR PARISH 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA NM REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF I PRACTURE TREAT I SHOOT OR ACIDIZE IX PULL OR ALTER CASING IX MULTIPLE COMPLETE IX CHANGE ZONES IX ABANDON* IX	2. NAME OF OPERATOR	32
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AREA AT SURFACE: 1535' FLL X 330' FEL, Unit H AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E AT TOTAL DEPTH: 12. COUNTY OR PARISH 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3223.8' GR results of multiple completion or zone change on Form 9-330.) (NOTE: Report results of multiple completion or zone change on Form 9-330.)	3. ADDRESS OF OPERATOR	Fowler Upper Yeso
AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E AT TOTAL DEPTH: Id. OBJECT ON TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA Id. API NO. 16. CHECK APPROVAL TO: SUBSEQUENT REPORT OF: ITEST WATER SHUT-OFF Image: Construction of the constructio	4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Area22-24-37
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3223.8' GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	AT TOP PROD. INTERVAL: Sec 22 T-24-S R-37-F	Lea NM
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 3223.8' GR TEST WATER SHUT-OFF	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
FRACTURE TREAT	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
	FRACTURE TREAT	(NOTE: Report results of multiple completion or zone change on Form 9~330.)

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.)*

Moved in service unit 5-27-80. Set a treating packer at 5050'. Acidized with 4000 gal 15% NE HCL in 3 stages separated by a total of 800# rock salt and 600# paraformaldyhyde. Flushed with fresh water. Pulled packer. Ran tubing, rods, and pump. Moved out service unit 5-28-80. Well failed to pump. Moved in service unit 5-30-80. Changed pump and moved out service unit. Pumped 4 BO, 398 BW, and 730 MCF in 48 hrs. Returned well to production,

0+4-USGS,R 1-HOU 1-SUSP 1-CLF	
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED Mark RandolphiTILE Admin. Analyst DATE _	7-27-82
ACCEPTED FOR RECORD	15 170/1-31
GRIG. SGD., DAVID R. GLASS	A STATES AND A STATES
CONDITIONS OF APPROV NOV ANY:1 1982	29 1982
U.S. GEOLOGICAL SURVEY	
ROSWELL, NEW MEXIC *See Instructions on Reverse Side	OIL & GAS MALOSOLOGICAL SURVE SWELL NEW MEXICO

DATE _____ July 24 ____ 19 __79_

ADVICE ON WELLS TIED INT	O GAS GATHERING SYSTEMS
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Name of Producer	Amoco Production Company (0203)
Well Name and Number _	South Mattix Unit #32
Location _	1535'N, 330E, Sec. 22, T-24-S, R-37-E, Lea Co., NM
Pool Name	Fowler Upper Yeso
Producing Formation -	Upper Yeso
Top of Gas Pay _	5,088'
Oil or Gas Well	011
Gas Unit Allocation	40 Acres
Date Tied Into Gathering Systems	2/24/79
Date of First Delivery —	2/24/79
Gas Gathering System 🔔	Lea County Low Pressure Gathering System
Processed through Gaso- line Plant (yes or no)	Yes
Station Number	63-828-01
Remarks:	Well added to existing battery
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By: Tranin R. Elliot, Dispatching