

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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"/>		7. UNIT AGREEMENT NAME South Mattix Unit	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME South Mattix Unit	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, TX 79336		9. WELL NO. 32	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1535' FNL x 330' FEL (Unit H, Sec.22)		10. FIELD AND POOL, OR WILDCAT Wildcat McKee	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3223.8 GR		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 <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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Spud</u> <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.)*

MGF Drilling Co. (Rig #1) spudded a 17½" hole at 1:45 P.M. on 12-28-77. Reached TD of 416' and set 13-3/8" casing at 416'. Cement with 400 sx Class C cement + additives. Circulate 25 sx. Plug down at 3:15 A.M. 12-29-77. Reduced hole to 12½" and resumed drilling.

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

SIGNED Randy Atkins

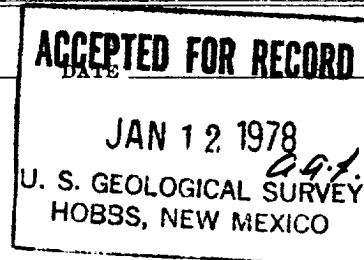
TITLE Asst. Administrative Analyst DATE 1-9-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

0 + 4-Hobbs
1-Div.
1-Susp
1-RC
1-Arco

*See Instructions on Reverse Side



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