January Commence of the Commen		
	JNITED STATES	FORM APPROVED
DEPARTM	MENT OF THE INTERIOR	Budget Bureau No. 1004-0135
# 6/7/1/A BUREAU C	OF LAND MANAGEMENT	Expires: March 31, 1993
		5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or reentry to a different reportion		LC-032450A
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		6. If Indian, Allottee or Tribe Name
Use CAPPLICATION	FOR PERMIT—" for such proposals	_
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
I. Type of Well Some Gass Com		
Well Well Other		8. Well Name and No.
2. Name of Operator		South Mettix Unit Fed#3
Amoco Production Company		9. API Well No.
3. Address and Telephone No.		30-025-26096
P.O. Box 3092 Houston Tx 77079 (Room 17.180)		10. Field and Pool, or Exploratory Area
4. Location of Well (Pootage, Sec., T., R., M., or Surve	y Description)	
1650' FNL 8 2310' FWL Unit F, Sec 22, T-24-5, R-37-E		Fowler upper 1650
	, , , , , , , , , , , , , , , , , , , ,	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·	hea, NM
CHECK APPROPRIATE BO	X(s) TO INDICATE NATURE OF NOTICE PERCE	T OD OTHER
TYPE OF SUBMISSION	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION	
	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
⊠	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
12 D- 11 D		(Note: Banan and Inc.
give subsurface locations and measured and true ve	call pertinent details, and give pertinent dates, including estimated date of starting a rtical depths for all markers and zones pertinent to this work.)*	Completion or Recompletion Report and Log form.)
1 1	to this work.)*	and a directionally trilled,
10/8/42 MIRUSU, LD RXP		
10/9/92 RTXIB X POHK RUN 43	7/8 BIT X Z 3/8 TBGX 5800 x POH X T	14× 4.00 × -4/
	TO T	THA CIBP X 298
189 x CIBP SA 5269	5 x DISPLACE HOLE X 10# BRINE X	25 8 2015/10
7	1 = 20 K O SAINE X	25 3 BRINE GEL
PER 100 BBLS X TST	X 500 PSI X OK	
10/12/92 SPOT CMT PLUG 52	65 to 5225 (WASS'C" CONT W 2% (to Ol mined and
1 21	(") CAN W 1/0 C	all mixed to 14.8 ppg)
10 23/8 TB 6 to 117	11 x SPOT CMT PLNG 1171 to 1041 X PC	HXTIAVTA
السادين	TO TO TO TO TO TO	MIR TIPKTAG PLUGX
1091 K TOHX SPOT C.	MT PLUG 60 FT TO SURF X RDM	05.4
101.9 la		- 3 U
10/13/92 DIG OUT CELLAR X C	HECK FOR GAS X CUT OFF CSG X 11	ISTAIL DOA
MALKER Y ROLEN	^= • @ · . · . · . · . · . · . · . · . ·	() (a c c c c c c c c c c c c c c c c c c
A COVER	CELLARX CLEAN LOCATION	
4. I hereby certify that the foregoing is true and correct	(713) 556-3744	
Signed Mathew Culton	Tille Admin. Analyst	12/16-
(This space for Federal or State office use)		Date
Approved by ATONICE P. FILE	W Title	The state of the s
Conditions of approval, if any: Approved Approved	Title	Date 14 19 72-
Liat Atty and m	ed (
		-
representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United State	s any false, fictitious or frauchilens
		, Statements

*See instruction on Reverse Side

The N

DEC 3 1 1992 OCD HOSES OFF