

U. S. LAND COMMISSION
P. O. BOX 1980
HOBBS NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68 Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit ^B 990' FNL X 2310' FEL
AT TOP PROD. INTERVAL: Sec. 22, T-~~2~~-S, R-37-E
AT TOTAL DEPTH: 24

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* *a zone* ☒
(other)

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-032450-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Mattix Unit

9. WELL NO.

36

10. FIELD OR WILDCAT NAME

Fowler Upper Paddock

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

22-24-37

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3253.1' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Propose to abandon Drinkard and produce only the Upper Paddock. Ran a cast iron bridge plug and set at approx. 6150'. Cap bridge plug with at least 35' of Class C neat cement. Acidize with 3500 gallons 15% NEHCL acid and flush with fresh water. Set packer at 4800'. Return well to production.

0+6-USGS, H 1-Hou 1-Susp 1-GPM

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Ray Mitchell* TITLE Admin. Analyst DATE 6-26-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 5-17-85

0+5 BLM-C, 1-JRB, 1-FJN, 1-NLG, 1-NMOCU-H

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/>	3. LEASE DESIGNATION AND SERIAL NO. LC 032450 -A
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL X 2310' FEL, UNIT B Section 22, T-24-S, R-37-E	8. FARM OR LEASE NAME South Matrix Unit
14. PERMIT NO.	9. WELL NO. 36
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3253.1' GR	10. FIELD AND POOL, OR WILDCAT Upper Paddock
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-24-37
	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 type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)

MISL 4-18-85, Kill well, rel pkr and POH, RIH and perfed 5052'-60', 5078'-80', 5086'-94', and 5098'-5102' w/ 2 JSPF and 180° phasing. RIH w/ 7" pkr and SA 5026' Ran swb and rec 15 BLW in 2 1/2 hrs. Pumped 2500 gal 15% NEFE HCL. Flushed w/ 22 bbl 2% KCL Fresh. Ran swb. Rel. pkr and POH w/ tdg and pkr. RIH w/ 7" pkr and 2-3/8" tdg. PSA 4773'. Loaded csg w/ 2% KCL FW and tested pkr to 500 PSI -OK. MOSL 4-29-85 and released well to production.

015-BLM-C, 1-JRB, 1-FJN, -1-NLG

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

SIGNED Thi L. Jones

TITLE Administrative Analyst

DATE 6 MAY 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 8 1985

*See Instructions on Reverse Side