16.

UNITED STATES SUBMIT IN TRIPLICATES (Other instructions ve-

Form approved.

| | | Budg | et | Bu | rea | u N | 0. | 42–R | 142 |
|----|-------|------|-----|------|-----|-----|----|------|-----|
| 5. | LEASE | DESI | GN. | ATIC | N. | AND | SE | RIAL | NO. |
| | 4/.4 | _ | _ | • | - | 1 | , | 17 | |

| DEPAR | RTMEN F THE INTERIOR verse side) GEOLOGICAL SURVEY | 5. LEASE DESIGNATION AND SERIAL NO. NM-037667 |
|---|--|--|
| SUNDRY N (Do not use this form for p Use "APP | OTICES AND REPORTS ON WELLS roposals to drill or to deepen or plug back to a different reservoir. LICATION FOR PERMIT—" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL OTHE | or . | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR AMOCO PRODUCTION (| COMPANY | 8. FARM OR LEASE NAME MYERS B" FEDERAL RA |
| 3. ADDRESS OF OPERATOR P.O. DRAWER A | LEVELLAND, TEXAS 79336 ion clearly and in accordance with any State requirements. | 9. WELL NO. |
| See also space 17 below.) At surface | 30 FEL SEC. 6 (UNIT B, NW/4 NE/4) | 10. FIELD AND POOL, OR WILDCAT TALMAT GAS 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARDA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3325 RDB | 6-24-37 NM PM 12. COUNTY OR PARISH 13. STATE LEA N.M. |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | |
|---|--|--|------|---|-------------------------------|---|
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) | | PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS | | Completion or Recompletion | | |
| | | | - 11 | t data in a set a section of datas inch | ading actimated data of start | 4 |

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 perti-

ACIDIZE. PRIOR TO W.O. FLOW 200 MCF 24 HRS. WORKOVER TO OC 1-14-76. ACIDIZED PERFS. 2994-3230' WITH 1000 GAL. SWAB. 24 BLW TO RECOVER . 15% HCL and WELL DEAD AND SI.

FINAL REPORT

TD - 37/2' L-M ZONE TA PKR @ 3418' BLANK PLUG IN TBG. @ 3415

| 18. I hereby certify that the foregoing is fue and correct SIGNED Cuy U | TITLE ADMINISTRATIVE ASSISTANT DATE 4/30/76 | _ |
|---|---|---|
| (This space for Federal or State office use) | | |

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

D : 4 - M262 - H

1 - Div.

1 - Susp.

*See Instructions on Reverse Side 3