

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

COPY TO U. C. C.

Form approved.
Budget Bureau No. 42-R142-
5. LEASE DESIGNATION AND SERIAL NO.

NM-7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	
2. NAME OF OPERATOR Amoco Production Company	
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 557' FSL x 557' EEL Sec. 9 (UNIT P, SE 1/4 SE 1/4)	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266' R. D. B.

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME MYERS "B" Lea. R/A A	
9. WELL NO. 12	
10. FIELD AND POOL, OR WILDCAT FOWLER UPPER YESO	
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 9-24-37 NMPM	
12. COUNTY OR PARISH LEA	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

In an effort to increase productivity and protect scale/buildup w/ chemical inhibitor squeeze. Propose acidize down annulus w/ 1000 gal 15% LSTNE. Flush w/ 100 bbls 1% KCl water. Evaluate and squeeze formation w/ inhibitors. Restore to production.

TD- 10568'
PBD- 5611'

5 1/2" CSA 10567

PERFS- 5434 - 5568 - VARIOUS.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

DEC 22 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DEC 22 1972

DATE

ARTHUR K. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

4- USGS-H
1- DIV
1- SUSP
1- RRY

RECEIVED

FEB 2 1972

O.L. CONSERVATION COMM.
HOWLS, N. H.