	Form approved.
	TE: Expires August 31, 1985
Formerly 9-331) DEPARTMENT OF THE INTERIOR verse alde)	3 re 5. LEASE DESIGNATION AND SEELAL NO.
BUREAU OF LAND MANAGEMENT	LC-032450(b)
SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOFTEE OR TRIBE NAME
(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.)	
	7. UNIT AGBEEMENT NAME
2. NAME OF OPERATOR	S./FARM OF LEASE NAME
amoco Production Company	South Mattin Unit
3. ADDRESS OF OPPEATOR	9. WBLL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	
bee also space 11 below.)	10. FIELD AND POOL OF WILDCAT
At surface 1980' FSL × 1980' FWL	11. SEC. T., B., M., OB BLE, AND
Climit K, NE/4 SW/4)	SURVET OF AREA
· · · · · · · · · · · · · · · · · · ·	15-24-37
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
3264° RDB	Ala IIM
16. Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data
	BEEQUENT REPORT OF :
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	BEPAIRING WELL
PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT	ALTERING CASING
BROOT OB ACIDIZE ABANDON* SHOOTING OR ACIDIZING	BANDON MENT
(Other) CHANGE PLANS (Other) NUTLIVIN (Other)	esults of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clouds State of Desclarate Acade	completion Report and Log form.)
"proposed work. If well is directionally drilled, give subsurface locations and measured and true venerate to this work.) *	ertical depths for all markers and gones perti-
Swab tester apx 10 days and shut well in waiting	on gas line connection
Swab tester apx 10 days and shut well in waiting Has meter cet and flow tester apx 5 days, last 3 BW, and 77 MCF. Well is currently produce	on gas line connection 24 hrs flowed 11 BC ing Paddock 5 BCPI
Swab tester apx 10 days and shut well in waiting Has meter cet and flow tester apx 5 days, last a 3 BW, and 77 MCF. Well is currently produce BUPD, and 19 MCFD Tabb & BCPD, 3 BWPD,	on gas line connection 24 hrs flowed 11 BC ing Paddock 5 BCPL and 77 MCFD.
Swab tested apx 10 days and shut well in waiting Has meter cet and flow tested apx 5 days, last a 3 BW, and 77 MCF. Well is currently produce BUPD, and 19 MCFD Tubb 8 BCPD, 3 BUPD,	on gas line connection 24 hrs flowed 11 BC ing Paddock 5 BCPI and 77 MCFD.
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3 BW, and 77 MCF. Well it currently produce BUPD, and 19 MCFD Tabb 8 BCPD, 3 BWPD, 5 BLM, C 1-JRB 1-FJN 1-GCC 18. 1 hereby certify that the foregoing is true and correct	on gas line connection 24 hrs flowed 11 BC ing Paddock 5 BCPL and 77 MCFD.
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3 BW, and 77 MCF. Well is currently produce BWPD, and 19 MCFD Tabb & BCPD, 3 BWPD, 5 BLM, C 1-JRB 1-FJN 1-GCC 18. 1 bereby certify that the foregoing is frue and correct SIGNED Mary C. Chark TITLE ast. admin. Analy	on gas line connection 24 hrs flowed 11 BC ing Paddock 5 BCPL and 77 MCFD.
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3 BW, and 77 MCF. Well it currently produce BWPD, and 19 MCFD Tubb & BCPD, 3 BWPD, 5 BLM, C 1-JRB 1-FJN 1-GCC 18. I hereby certury that the foregoing is true and correct SIGNED Mary C. Wark TITLE aut. admin. Analy (This space for Frederal or Brate diffee lise) - CORD APPROVED BY	ing Paddock 5 BCPL and 77 MCFD.
5 BLM, C 1-JRB 1-FJN 1-GCC BUPD, and 19 MCFD Tubb & BCPD, 3 BUPD, 5 BLM, C 1-JRB 1-FJN 1-GCC 18. I bereby certify that the poregoing is free and correct SIGNED Mary C. Clark TITLE ast. Admin. Onaly (This space for Federal or Blasse betwee betwee) FCORD APPROVED BY	and 77 MCFD.
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OIL       CAB       OTHER         2. NAME OF OPERATOR       MOCO       Production       Ompany         3. ADDRAMS OF OPERATOR       MOCO       Production       Ompany         3. ADDRAMS OF OPERATOR       Production       Ompany       1         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements."       1         5. Edito space 17 below.)       At surface       1980' FSL X 1980' FWL Soc. 15       1         14. See also space 17 below.)       IS. ELEVATIONS (Show whether DF, RT, GR, etc.)       1         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       1         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       1         15. ELEVATIONS (Show whether DF, RT, GR, etc.)       1         16.       Check Appropriate Box To Indicate Nature of Notice, Report, or Oth         NOTICE OF INTENTION TO:       SUBBEQUENT         TEST WATER SHUT-OFF       PCLL OR ALTER CASING       WATER SHUT-OFF         FRACTURE TREAT       MULTIPLE COMPLETE       BOOTING OR ACIDIES       Gother)         (Other)       ULTIPLE COMPLETE       ABANDON*       COMPLETION of ACIDIES         (Other)       ULTIPLE OPERATIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent details, and give pertinent details, and give pertinen	PARM OR LEASE NAME South Mattix Unit WELL NO. 14 0. FIELD AND POOL, OR WALDCAT FOWLER Paddock - Tubb 1. BRC., T., B., M., OR BLE. AND
ADDERAS OF ORFRATOR       Ompany         3. ADDERAS OF OFFRATOR       ADDERAS OF OFFRATOR         4. DOCATION OF WELL (Report location clearly and in accordance with any State requirements.*       1         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*       1         5. See also space 17 below.)       At surface       1980' FSLX 1980' FWL Soc. 15         14. PERMIT NO.       15. ELEVATIONS (Show whether DT. RT. GR. etc.)       1         14. PERMIT NO.       15. ELEVATIONS (Show whether DT. RT. GR. etc.)       1         16.       Check Appropriate Box To Indicate Nature of Notice, Report, or Oth NOTICE OF INTENTION TO:       SUBBEQUEN         TEST WATER SHUT-OFF       PCLL OR ALTER CASING       WATER SHUT-OFF         FRACTURE TREAT       MULTIPLE COMPLETE       SHOOTING OR ACIDIEN         REPAIR WELL       CHANGE PLANS       (Other)       WATER SHUT-OFF         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertine deta	South Mattix Unit 14 0. FIELD AND POOL, OR WILDCAT Fowler Paddock - Tubb 1. BRC, T. B., M., OR BLE, AND
H.O.       BOX (68, Holling MM 88240         4.       LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface       1980' FSL X 1980' FWL Soc. 15         4.       1980' FSL X 1980' FWL Soc. 15       1         14.       provide the second	14 0. FIELD AND POOL, OR WALDCAT FOWLEN Paddock - Tubb 1. BRC., T., B., M., OR BLK, AND
See also space 17 below.)         At surface       1980' FSLX 1980' FWL Soc.15         (Umit K, NE/4SW/4)         14. PERMIT NO.         15. ELEVATIONS (Show whether DF, RT, GR, etc.)         3264' RDB         16.         Check Appropriate Box To Indicate Nature of Notice, Report, or Oth         NOTICE OF INTENTION TO:         FRACTURE TREAT         BROOT OB ACIDIZE         REPAIB WELL         (Other)         (Other)         17. DESCRIBE TROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, and measured and measured and measured and measured and measured and true verticel	Fowler Paddock - Tubb
16.     Check Appropriate Box To Indicate Nature of Notice, Report, or Oth       NOTICE OF INTENTION TO:       SUBSEQUEN       TEST WATER SHUT-OFF       PRACTURE TREAT     PCLL OR ALTER CASING       MULTIPLE COMPLETE     WATER SHUT-OFF       PRACTURE TREAT     MULTIPLE COMPLETE       SHOOT OB ACIDIZB     ABANDON*       (Other)     CHANGE PLANS       17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, in proposed work. If well is directionally drilled, give subsurface locations and measured nod true verticel	SURVEY OR AREA
Check Appropriate Box to indicate Nature of Notice, Report, or Oth NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OB ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, in 'proposed work. If well is directionally drilled, give subsurface locations and measured and true verticel	2. COUNTY OF PARISH 13. STATE
TEST WATER SHUT-OFF       PCLL OR ALTER CASING       WATER SHUT-OFF         FRACTURE TREAT       MULTIPLE COMPLETE       BAODON®         SHOOT OB ACIDIZE       ABANDON®       SHOOTING OR ACIDIZING         (Other)       CHANGE PLANS       (Other)         17. DESCRIBE TROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, ind       SHOPT results of, Completion or Recompleted dates, ind	
	REPAIRING WELL ALTERING CASING ABCHDOGINENT MUCH AND
In accordance with Onshore Dil and Has One this is to inform you that a workover on the S mpleted and the Tubb was returned to produce be Tubb has been off production for more Pitschke, BLM notified by telephone 11-28-84.	les rule 3162.4-1 MU #14 has been

I hereby certify that the foregoing is true and correct SIGNED Any - have	TITLE Asst. admin. Ch	clust 11-28-84
(This space for Foderal or State office use) APPROVED BY	TITLE	DATE
$\bigcirc$	ee Instructions on Reverse Side	

Title 15 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any faise, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.