

P. O. BOX 1980
HOBBS, NEW MEXICO 88240
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC - 032450(6)
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 68, Hobbs NM 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 1980' FSL X 1980' FWL (Unit K, NE/4 SW/4)	8. FARM OR LEASE NAME South Matrix Unit
14. PERMIT NO.	9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3264' RDB	10. FIELD AND POOL OR WILDCAT Fowler Paddock - Tubb
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

Return Well to Production

(Other)

(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.)*

Swab tested apx 10 days and shut well in waiting on gas line connection. Gas meter set and flow tested apx 5 days, last 24 hrs flowed 11 BC, 3 BW, and 77 MCF. Well is currently producing Paddock 5 BCPD, 1 BWPD, and 19 MCFD Tubb 8 BCPD, 3 BWPD, and 77 MCFD.

0+5 BLM, C 1-JRB 1-FJN 1-GCC

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

SIGNED

Harry C. Clark

TITLE

Asst. Admin. Analyst

DATE

11-29-84

(This space for Federal or State office use)

APPROVED BY

SWQ

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 8 1984

*See Instructions on Reverse Side

N. M. OIL BOYS. COMMISSION
UNITED STATES BOX 1980
DEPARTMENT OF THE INTERIOR
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SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC - 032450 (6)
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 68, Hobbs NM 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 1980' FSLX 1980' FWL Sec. 15 (Unit K, NE 1/4 SW 1/4)	8. FARM OR LEASE NAME South Mathis Unit
	9. WELL NO. 14
	10. FIELD AND POOL OR WALDCAT Fowler Paddock - Tubb
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
14. PERMIT NO.	12. COUNTY OR PARISH Dea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3264' RDB	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 type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Notification of Prod. Start-up	

(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 and 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 accordance with Onshore Oil and Gas Order rule 3162.4-1, this is to inform you that a workover on the SMU #14 has been completed and the Tubb was returned to production 11-27-84. The Tubb has been off production for more than 90 days. R. Pitschke, BLM notified by telephone 11-28-84.

45 BLM, C 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark
(This space for Federal or State office use)

TITLE Asst. Admin. Analyst

DATE 11-28-84

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

Carlsted

*See Instructions on Reverse Side