

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

RECEIVED

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450 (a) ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sarth Mattix Unit Fed ✓

9. WELL NO.

2 ✓

10. FIELD AND POOL, OR WILDCAT

Fowler Upper Yeso ✓

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

15-24-37 ✓

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 3092 Houston, Tx 77253

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660 FSL & 1980 FWL Section 15 ✓
(Unit N, SE4, SW4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3726' DF

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 perti-
nent to this work.)*

Rusu 4/17/90

Acidize perfs 5172-5379, 5409-5708. w/4000 GALS
15% Ne HCL Acid in 3 stages: 1000 gals w/ 200# rock
salt, 1000 gals w/400# rock salt, 1500 gals; flush
w/50 bbls 2% KCl water; pump 55 gals super a sol
ahead of acid. return to prod.

RDSU 4/20/90

Matthew C. Wines (713) 556-3744

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

SIGNED

Matthew C. Wines

TITLE

Administrative Analyst

DATE

10/22/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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NOV 01 1990

OCD
HOBBS OFFICE