

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Amoco Production Company	3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, TX 79760	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL X 1980 FWL, Section 15 (Unit N, SE/4, SW/4)	5. LEASE DESIGNATION AND SERIAL NO. bC-032450 (a)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME South 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
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3726' DF											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PEEL 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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)

MI and RUSU 05-24-88 to pull pump and replace and fish tubing in bottom of hole. Pull rods and pump. Pick up tubing to unseat tubing anchor and 13-3/8" casing parted just below the wellhead. Attempted to weld casing but unable to due to gas. Fabricated clamp for outside of casing. Pump water down 9-5/8" casing and broke circulation out top of 13-3/8" casing. Cement with 336 sacks of Class C cement and circulate 25 sacks of cement to surface and dump 7 yards of cement in cellar. WOC. Run tubing and fish 18' of tubing from 5373'. Run 2-7/8" tubing and land at 5359' and run pump and rods. RD and MOSU 05-07-88 and return well to production.

PPWO: 5 BOPD, 5 BWPD, 86 MCFD
PAWO: 67 BOPD, 48 BWPD, 106 MCFD

RECEIVED
JUN 30 11 21 AM '88

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

SIGNED O. M. Mitchell

TITLE Sr. Admin. Analyst

DATE 06-28-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
JUL 21 1988

*See Instructions on Reverse Side

Title 18 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CARLSBAD, NEW MEXICO

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JUL 22 1988

CCC
HOBBS OFFICE