

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.  
LC-032450 (b)

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Amoco Production Company

3. Address and Telephone No.  
P. O. Box 3092, Houston, TX 77253 Rm. 17.182

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980' FNL X 1980' FWL (Unit F, SE/4, NW/4)  
Sec. 15, T-24-S, R-37-E

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
So. Mattix Unit Federal #4

9. API Well No.  
30-025-11113

10. Field and Pool, or Exploratory Area  
Fowler Ellenburger

11. County or Parish, State  
Lea, NM

**CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1

5. 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.)\*

Rig up service unit.  
POH production equip.  
Set CIBP at 9750' and cap w/35' cmt.  
Perf 7240-70' with casing gun at 4JSPF.  
Acidize with 3000 gal 15% NEFE HCL.  
Swab.  
Rig down service unit.

RECEIVED  
APR 13 9 04 AM '92  
CARTER  
AREA

I hereby certify that the foregoing is true and correct

Signed [Signature] Title Asst. Admin. Analyst Date 3/17/92

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date 4-14-92  
Conditions of approval, if any: