

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
S. M. ON CONS. COMMISSION  
P. O. BOX 1006  
1006 S. WELLS, NEW MEXICO 88240

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

SUNDRY NOTICES AND REPORTS

(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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME South Mattix Unit <i>Federal</i>	
3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, Texas 79760		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 1980' FWL (Unit F, Sec.15, SE/4, NW/4)		10. FIELD AND POOL, OR WILDCAT Fowler Ellenburger	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3266' DF		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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 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.)

Propose to cement squeeze existing perforations and test Ellenburger in open hole completion from 10,142' to 10,270'. After open hole test, intend to perforate Ellenburger from 10,060' to 10,120 and 9964' to 9986'. MI and RUSU and pull production equipment. Run packer and set at 9750' and pressure test casing for leaks. Run cement retainer and set at 9750'. Cement squeeze perforations from 9800' to 9820' with 150 sacks of Class "H" cement. WOC. Run bit and drill out cement and retainer to 9920' and test squeeze. Drill out cement at 10,120' to 10,130' and CIBP at 10,130' and clean out hole to 10,270'. Run packer and set at 10,100'. Swab test open hole. Depending on results, possibly perforate from 10,060' to 10,120' and 9964' to 9986' and acidize. RD and MOSU and return well to production.

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 03-02-88

DATE 3-15-88

\*See Instructions on Reverse Side

**RECEIVED**

**MAR 21 1988**

**OCD**

**HOBBY OFFICE**