

HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

5. LEASE
LC-032450 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
South Mattix Unit Federal
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
Fowler Ellenberger
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-37
- | | |
|-----------------------------|-----------------|
| 12. COUNTY OR PARISH
Lea | 13. STATE
NM |
|-----------------------------|-----------------|
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3266' DF

SUBSEQUENT REPORT OF:

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RECEIVED
DEC 14 1981
(NOTE: Report changed)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Oil 2, 243
U.S. GEOLOGICAL SURVEY
ROSSELL, NEW MEXICO

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 stimulate production by acidizing Ellenberger interval 9811-22' and to optimize lift equipment as follows: Pull rods and pump. Release tubing anchor. Lower tubing and tag total depth. If casing bridge is still present at 9782', run casing scraper to total depth. Run 2-7/8" tubing with treating packer and 1 joint of tailpipe. Set packer at 9760' and land tailpipe at approx. 9790'. Acidize down tubing with 500 gal. 15% HCL acid with 1/2 gal. corrosion inhibitor per 500 gal. Pump at 3-4 BPM. Flush acid to perfs with 60 bbl. of 2% KCL water. Pull tubing and treating packer. Run tubing and production equipment. Return well to production. (Verval approval by Peter Chester 12-8-81).

0+4-USGS, R 1-Hou 1-Susp 1-CLF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Cathy L. Forman TITLE Ast. Adm. Analyst DATE 12-9-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

***See Instructions on Reverse Side**

DATE 12-9-81

APPROVED

DATE

DEC 14 1981

Pat.

70 JAMES A. GILLHAM
DISTRICT SUPERVISOR