

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions
verse side)

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re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LEVELLAND, TEXAS 79336

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

1980' FSL x 660' FWL SEC. 15 (UNIT L NW/4 SW/4)

14. PERMIT NO.

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

3282' RDB

7. UNIT AGREEMENT NAME

SOUTH MATTHEW UNIT FED.

8. FARM OR LEASE NAME

SOUTH MATTHEW UNIT FED.

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

FOWLER UPPER YESO

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

15-24-37 NMPM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☒
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other)

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 pertinent to this work.)*

Propose to improve production by cleaning scale out of casing and acidizing perfs 5182'-5701. Quantity and type of acid will depend on the scale analysis. Return well to production.

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

SIGNED

Ray W. Cox

TITLE Administrative Assistant

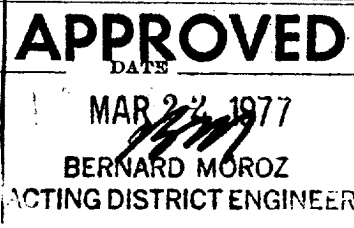
DATE 3-16-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

044-MSGS-H
1- Div.
1- SUSP.
1- RC
1- CONOCO
1- TENNECO
1- ARCO

APPROVED

RECEIVED

MAR 21 1977

U.S. HOUSE OF REPRESENTATIVES
HOBBS, R. H.