

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC.032450-a</b>	
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>BOX 367, ANDREWS, TEXAS 79714</b>		7. UNIT AGREEMENT NAME <b>BOTH MATIX UNIT FED</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FSLX 660' FWL Sec. 15 T-24S, R-37-E (Unit L, NW/4 SW/4 Sec 15)</b>		8. FARM OR LEASE NAME	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3282' R.O.B.</b>	9. WELL NO. <b>6</b>	
		10. FIELD AND POOL, OR WILDCAT <b>FOULDER UPPER YESO</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>15-24-37 N1/4M</b>	
		12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>N.M.</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

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.)\*

Well fell off production. pulled tby & found hole fill.  
Propose to clean out scale ball.  
Great and remove formation damage and  
stimulate as necessary in restoration of  
producing capacity.

TD: 10544'  
PBD: 5702'  
5 1/2" CSA 10543'  
PEEPS: 5182-5701' VARIOUS

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

SIGNED **[Signature]**

TITLE **ADMINISTRATIVE ASSISTANT**

DATE **2-5-75**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

4-UGS-4  
1-DIV  
1-SVS P  
1-RRY  
1-CONGO  
1-FLUWED  
1-ARCO  
1-ALCO

\*See Instructions on Reverse Side

**[Signature]**