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Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No

SUNDRY NOTICES  Do not use this form for proposals to de	LC-032450 (b) 6. If ingian, Allottee or Tribe Name			
Use "APPLICATION FO				
SUBMIT	7. If Unit or CA, Agreement Designation			
Oil Gas Well Other	8. Well Name and No.			
2. Name of Operator Amoco Production Company	South Mattix Unit Federal #7  9. API Well No.			
3. Address and Telephone No. P. O. Box 3092, Houston, TX 772	30-025-11115 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey E	Upper Yeso			
660 FNL x 660 FWL, Unit Letter D Section 15, T-24-S, R-37-E	11. County or Parish, State  Lea, NM			
12 CHECK APPROPRIATE BOX	s) TO INDICATE NATURE OF NOTICE, REPOR	IT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of intent  Subsequent Report	Abandonment Recompletion Plugging Back	Change of Plans  New Construction  Non-Routine Fracturing		
Final Abandonment Notice	Casing Repair  Altering Casing  Other Remedial Repair	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well-Completion or Recompletion Report and Log form.)		
13. Describe Proposed or Completed Operations (Clearly state all pertunent details, and give pertunent dates, including estimated date of starting any proposed work. If well is directionally drilled,  1. RUSU X POH W/ PUMP, RODS, X TUBING  2. CLEAN OUT WITH BIT AND SCRAPER AS NECESSARY TO PBTD.  3. ACIDIZE PERFS IN IN TWO SEPARATE STAGES WITH 20% NE HCL WITH 2 GALY/1000 CORROSION INHIBITOR AND 2 GALS/1000 NON EMULSIFIER AS FOLLOWS:  1) SET PACKER AT +/- 5400' PUMP 4000 GALS ACID AND 100 BALL SEALERS  2) SET PACKER AT +/- 5150' PUMP 3000 GALS ACID AND 100 BALL SEALERS  FLUSH WITH TBG VOL 2% KCL BETWEEN STAGES AND PUMP AT 2-3 BPM.  4. SWAB/FLOW TO TEST AND REPORT RESULTS TO HENRY WELCH.  5. RE-RUN PUMP, RODS, X TBG X RETURN TO PRODUCTION				
Signed Nevina M Olrince	Title Staff Assistant	Date2-2-94		
(This space for Federal or State office use)  Approved by Conditions of approval, if any:	Title	Date		

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