

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

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

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. LC-032450 (b)
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL X 660' FWL (Unit D, NW/4, NW/4)		8. FARM OR LEASE NAME South Mattix Unit <i>Lea</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3273' RDB	9. WELL NO. 7
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
		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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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.)\*

MISU 7-19-84. Pulled rods and pump. Pulled tubing. Ran retrievable bridge plug and packer. Bridge plug set at 5710'. Packer set at 5620'. Pumped 2000 gals 15% NE HCL and flushed with 30 bbls 2% KCL FW. Released packer and retrievable bridge plug and reset packer at 5540' and retrievable bridge plug at 5620'. Pumped 2500 gals acid and flushed with 30 BW. Reset packer at 5410' and retrievable bridge plug at 5540'. Pumped 1700 gals acid and flushed with 30 BW. Reset packer at 5282' and retrievable bridge plug at 5370'. Pumped 2000 gals acid and flushed with 30 BW. Reset packer at 5160' and retrievable bridge plug at 5290'. Pumped 2300 gals acid and flushed with 30 BW. Ran mother hubbard and seating nipple and landed seating nipple at 5745'. Ran rods and pump. Tested pump to 300 PSI and held OK. MOSU 7-24-84. Pump tested apx 22 days. Last 24 hr pump 19 BO, 54BW and 166 MCF. Well returned to production.

0+5- BLM, E 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC

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

SIGNED *Bonita Coble* TITLE Administrative Analyst DATE 8-21-84

ACCEPTED FOR RECORD  
(This space for Federal or State office use)

APPROVED BY *BWJ* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL AUG 31 1984

*Coble* NEW MEXICO \*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.