

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions on re-
verse 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.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3273' RDB	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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(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.)

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 Cobb*

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

Cobb

NEW MEXICO

*See Instructions on Reverse Side