Form 5-331 (May 1963) UNITED STATES SUBMIT IN TRIPLICATE DEPARTMENT OF THE INTERIOR (Other instructions on re- DEPARTMENT OF THE INTERIOR (Other instructions on re- Verse side) GEOLOGICAL SURVEY					CATE*	Form approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC-032450 (b)		
(Do not use	UNDRY NC this form for pro- Use "APPL	DTICES AND REPOR	RTS ON V r plug back to a r such proposals.	VELLS different reservoir.		6. IF INDIAN, ALLOTTI	E OR TRIBE NAME	
1. 011. 577 GA	e (7. UNIT AGREEMENT NAME					
WELL WELL OTHER						South Mattix Unit		
2. NAME OF OPERATOR						8. FARM OR LEASE NAME		
Amoco Production Company						South Matti	x Unit	
			9. WELL NO.					
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 660' FNL x 660' FWL Sec. 15, T-24-S, R-37-E (Unit D NW/4 NW/4)						10. FIELD AND FOOL, OR WILDCAT FOWIER Upper Yeso 11. SEC., T., R., M., OR BLK. AND		
14. PERMIT NO.							MPM	
14. PERMIT NO.		15. ELEVATIONS (Show whe		etc.)		12. COUNTY OR PARISI		
· · · · · · · · · · · · · · · · · · ·		3273 RDB				Lea	N.M.	
16.	Check A	Appropriate Box To Indic	ate Nature c	of Notice, Report,	or Ot	her Data		
	NOTICE OF INT		1			NT REPORT OF:	· .	
TEST WATER SH	UT-OFF	PULL OR ALTER CASING	, ך ר	VATER SHUT-OFF		REPAIRING	WELL X	
FRACTURE TREAT		MULTIPLE COMPLETE		RACTURE TREATMENT		ALTERING C		
SHOOT OR ACIDI	LE	ABANDON*	s	HOOTING OR ACIDIZING	3	ABANDONME		
REPAIR WELL		CHANGE PLANS	. (Other)				
(Other)						f multiple completion ion Report and Log fo		
proposed work nent to this wo	D OR COMPLETED O . If well is direc rk.) *	PERATIONS (Clearly state all pe tionally drilled, give subsurface	ertinent details, ce locations and	and give pertinent d measured and true v	dates, ir vertical	ncluding estimated dat depths for all marker	e of starting any s and zones perti-	
Yeso per scale. Pump tes	forations 5 Run tubing, t well unti h water dow	14/77. Pull tubir 174' to 5697' dowr rods and pump and 1 10/26/77. Run s n tubing-casing ar	n the cas d pump te: scale squ	ing with 2,00 st well. Rel eeze of 110 g)Oga lease aals '	ls 15% NE aci service unit Wellaid 828 m	d to remove 10-18-77. ixed w/150	
Prod pri Prod aft	or to WO - · er WO - ·	Pmp 0 B0 x 0 BW 24 Pmp 17 B0 x 159 BW	4 hrs. W 24 hrs.					
OC 10-14	-77 Comp	10-31-77						
							• .	

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18. I hereby certify that the poregoing is true	and correct	
signed Kay W Coy	C	Administrative Assistant FCORD 11-3-77
(This space for Federal of State office use	e)	ACCEPTED FUN INC.
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: 0 & 2 - USGS - H 1 1 - Div 1	- Arco - Conoco	ions on Reverse Side