

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instruction: re-
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"/>	RECEIVED MAR 18 1975 U. S. GEOLOGICAL SURVEY BOULDER, NEW MEXICO	5. LEASE DESIGNATION AND SERIAL NO. LC-032450-6
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714		7. UNIT AGREEMENT NAME SOUTH MATTX UNIT FED
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 (Unit D, NW 1/4 NW 1/4)		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3273' R.D.B.	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT FOWLER-ELLENBURGER
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37 NMPM
		12. COUNTY OR PARISH LEA
		13. STATE N.M.

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"/>	

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 type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>Well Status</u> <input checked="" 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.)*

Well was shut-in July, 1974 due to high water production. Ellenburger zone to be cleaned and stimulated. If unsuccessful, upper Yeso recompletion attempts to be considered. Expect decisions and work to be done in June, 1975.

This approval of temporary
abandonment expires MAR 1 1976

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

SIGNED

Roy L. Yorkum

TITLE ADMINISTRATIVE ASSISTANT

DATE MAR 17 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS- H
1- DIV
1- SUSP
1- RRY
1- ARCO
1- CONOCO
1- STD of TY
1- TENNECO

*See Instructions on Reverse Side

Jim Linn