

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

(713) 366-7686

3. Address and Telephone No.

P. O. Box 3092, Houston, TX 77253-3092 Room 18.108

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL x 1980 FEL, Unit Letter G
Section 15, T-24-S, R-37-E

5. Lease Designation and Serial No

NM-0321613

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

South Mattix Unit Federal #17

9. API Well No.

30-025-20298

10. Field and Pool, or Exploratory Area

Fowler Ellenburger

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

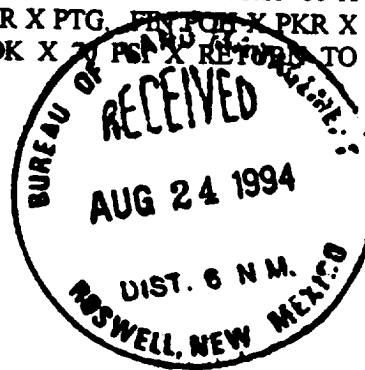
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other Acidize
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ 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 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.)

MIRUSU ((7/14/94) X RTXIB X PTG X ESP EQPT X RIH X BIT X SCRAPER X TBG. FIN RIH X TAG AT 9809' X POH X PIH X PKR X PSA 9582' X LOAD X TST PKR X ACD X 2900 GAL 20% NE HCL X ADDITIVES X 150 BALL SEALERS (1.3 DENSITY) X MAX TRTP 65 X AVG TRTP 60 X AIR 4.2 BPM X FLUSH X 75 BBLs 2% KCL X ISIP VAC X REL PKR X PTG. FIN PKR X RIH X ESP EQPT X RBXT X LOAD TBG X WELL PMP UP OK X 7/21/94 X RETURN TO PRODUCTION. RDSU (7/18/94)



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

Signed: [Signature]

Title: Staff Assistant

Date: 7/21/94

(This space for Bureau or State office use)

Approved by: _____

Title: _____

Date: _____

Conditions of approval, if any: _____