Form	9-331
(Мау	1963)

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LD STATES DEPARTMENT OF THE INTERIOR (Other Instructions on re-

SUBMIT IN TRIFE

Form approved. Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY					
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.)

			l
A			7. UNIT AGREEMENT NAME
WELL GAS OTHER	·		SOUTH MATTIX UNIT FEI
NAME OF OPERATOR			8. FARM OR LEASE NAME
moco Production Company	*	Seeth See joints	or running hands hade

ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) Siete pequitements 9. WELL NO.

10. FIELD AND POOL, OR WILDCAT tOWLER FLLENBURGER

1980 FNLY 1980 FEL Sec. 15 (UNITG, SW/4 NE/4

16.

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		Circ	ck Appropriate Box 10 ii	idicale i	nature of inotice, Report, of Othe	r Data
FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIRING WELL FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING CHANGE PLANS (Other)	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CABING ABANDONMENT*

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.)*

aciaized perforations 9792. 9833 w/ 1000 gal 15% NE HCC. Evaluated & restored to production.

PRIOR- PMP 97 BO X 3BW 24 Hes. AFTER - PMP 259 BOV 42 BW 24 Ks.

TD- 10,040 PBD- 9870 7° CSA 10.040

OC · 7-31-74 COMP- 8-7-74

18. I hereby certify that the loregoing is true and correct SIGNED OF THE ADMINISTRATIVE ASSISTANT	DATE AUG	7 19
(This space for Federal or Scate office use)		

ONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 1 4 1974

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO