

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse 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"/>	7. UNIT AGREEMENT NAME <b>SOUTH MATTHEW UNIT FEDERAL</b>
2. NAME OF OPERATOR <b>Amoco Production Company</b>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <b>BOX 68, HOBBS, N. M. 88240</b>	9. WELL NO. <b>17</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FNL x 1980' FEL Sec. 15 (SW 1/4 NE 1/4)</b>	10. FIELD AND POOL, OR WILDCAT <b>FOWLER ELLENBURGER</b>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>15-24-37 NMPM</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3255' RDB</b>	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>N.M.</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

In an effort to increase productivity  
propose to acidize perforations 9792-9833  
w/1000 gal 15% NE. Evaluate & restore  
to production.

TD- 10,040'

PBD- 9,870'

7" CSA 10,040'

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

SIGNED

*Ray R. Yorkum*

TITLE

ADMINISTRATIVE ASSISTANT

DATE

JUN 13 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

JUN 14 1974

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

4- USGS- H

1- DIV  
1- SUSP  
1- RAV  
1- GRCO  
1- CONOCO  
1- OFC of Tex  
1- TELLNCO