

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Drawer A, Levelland, TX 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

990' FSL x 1,648' FEL, Sec. 15, Unit 0 (SW/4 SE/4)

7. UNIT AGREEMENT NAME

South Mattix Unit

8. FARM OR LEASE NAME

South Mattix Unit

9. WELL NO.

16

10. FIELD AND POOL, OR WILDCAT

Fowler Paddock

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15-24-37 NMPM

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3258' RDB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Repair casing leak

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.) *

Propose to test for casing leak by running bridge plug and packer to locate possible hole in casing. Test tubing to 1000#. Pull tubing and repair well as necessary.

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

SIGNED

Randy Atkins

TITLE

Staff Assistant (SG)

DATE

12-2-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

0 & 4-USGS-H

1-Conoco

1-Tenneco

1-RC

1-Susp

*See Instructions on Reverse Side

DEC 5 1977
ARTHUR R. BROWN
DISTRICT ENGINEER