

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-032450 (B)
2. Name of Operator Amoco Production Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 3092, Houston, TX 77253 (Rm. 17.182)	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1873.3' FSL & 2086.7' FWL (Unit K, NE/4, SW/4) Sec. 15, T-24-S, R-37-E	8. Well Name and No. So. Mattix Unit Fed. #21
	9. API Well No. 30-025-21873
	10. Field and Pool, or Exploratory Area Fowler Upper Yeso
	11. County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

R-9623 Inj.

(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.)*

POH w/production tbq & equip.
RIH w/pkr & set pkr at 5050'.- Acidize perfs w/8000 gal 15% NE HCL in 3 stages
using rock salt to divert:
2000 gal Acid
400 # rock salt
2500 gal Acid
400 # rock salt
3500 gal acid
Flush acid w/100 bbl water. Release pkr & POH.
Run injection equip. & rig down.

**Subject to
Like Approval
by State**

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

Signed Kim A. Colvin

Title Asst. Admin. Analyst

Date 12/18/91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 2/3/92