

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>	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 OF OPERATOR P.O. Box 68 Hobbs NM 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1873.3' FSL X 2086.7' FWL (Unit K, NE/4 SW/4)	8. FARM OR LEASE NAME South Mattie Unit Fed
14. PERMIT NO.	9. WELL NO. 21
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3226' RDB	10. FIELD AND POOL, OR WILDCAT Fowler Upper Vesp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)

MISU 5-28-85 and POH w/ production equipment. RIH w/ 4 3/4" bit and bulldog bailer. CO fill to 5711' and POH. RIH and perforated w/ a 3 1/8" csg gun 5330'-38', 5354'-46', 5378'-86', 5410'-24', and 5438'-45' w/ 4 JSPP. RIH w/ 5 1/2" RBP, 6 ft 2 3/8" tailpipe, and 5 1/2" pkr. Set RBP at 5660'. Pulled tbg and set pkr at 5463'. Pumped 2000 gal 15% NEFE HCL acid and flushed w/ 22 bbl 2% KCL FW. Ran tbg and rel RBP. Pulled tbg and reset RBP at 5470'. Reset pkr at 5271'. Pumped 3000 gal NEFE HCL acid and flushed w/ 21 bbl 2% KCL FW. Ran tbg, rel RBP and POH w/ tbg and tools, RIH w/ 2 3/8" SN and 2 3/8" tbg. SN LA 5672'. Ran rods x pump. Tested to 500 psi and MOSU 6-4-85. PPWO: 12 BOPD X 9BWPD X 532 MCFD. PAWO: 19 BOPD X 9BWPD X 293 MCFD.

0-15 BLM-C, 1-JRB, 1-FJN, 1-NLG

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

SIGNED David L. Johnson  
(This space for Federal or State office use)

TITLE Administrative Analyst

DATE 13 July 1985

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 18 1985

\*See Instructions on Reverse Side