

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(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"/>		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. Drawer A, Levelland, Texas 79336		7. UNIT AGREEMENT NAME South Mattix Unit Fed.	
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 Sec. 15 (Unit K, NE/4 SW/4)		8. FARM OR LEASE NAME South Mattix Unit Fed.	
14. PERMIT NO.		9. WELL NO. 21	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266' RDB		10. FIELD AND POOL, OR WILDCAT Fowler Ellenburger	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37 NMPM	
		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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

Test for Casing Leak ☒

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.)*

Propose to test for casing leak by running Bridge Plug and packer to locate possible hole in casing.

Verbal approval to do above work received from Mr. A. R. Brown to Ray Cox 8/11/77.

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

SIGNED Ray W. Cox

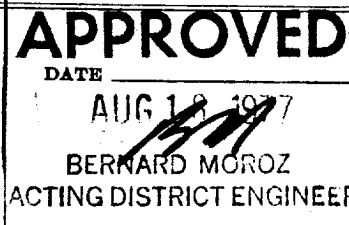
TITLE Administrative Assistant

DATE 8/12/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

064-UGS-Hobbs

1-Div

1-Susp.

1-RC

RECEIVED

DEC 25 1977
OIL CONSERVATION COMM.
HOBBS, N. M.

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