

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450(1)

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <i>SOUTH MATTHEW UNIT FED.</i>
2. NAME OF OPERATOR <i>Amoco Production Company</i>		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>BOX 68, HOBBS, N. M. 88240</i>		9. WELL NO. <i>21</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1873.3' FSL x 2086.7' FWL Sec. 15 (UNIT K, 1/4 SW 1/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>FOWLER ELLENBURGER</i>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>15-24-37 NM PM</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3266' R. D. B.</i>		12. COUNTY OR PARISH <i>LEA</i>
		13. STATE <i>N. M.</i>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 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.)*

*Well watered out. Suspect casing leak.
Propose to repair well, making any and
all necessary repairs in restoring well
to production.*

TEST 4-17-74 DMP - O BOX 155 BW 24 hrs.

*TD- 9849'
5 1/2" ESA 9849'*

PERFS: 9790' - 9830'

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

SIGNED

Roy R. Yorkum

TITLE *ADMINISTRATIVE ASSISTANT*

DATE

MAY 23 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*244- USGS- H
1- Div
1- SUSP
1- RRY
1- CONOCO
1- ARCO
1- TENNECO
1- 3RD OF TEX*

*See Instructions on Reverse Side

APPROVED

APR 25 1974

*ARTHUR R. BROWN
DISTRICT ENGINEER*