

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME South Mattix Unit Federal	
3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, Texas 79760		9. WELL NO. 24	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  510' FSL X 1830' FEL (Unit 0, SW/4, SE/4)		10. FIELD AND POOL, OR WILDCAT Fowler - Ellenburger	
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3260' RDB		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. 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 checked="" 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.) \*

MI and RUSU 04-04-88 and pull tubing and ESP. Run RBP, packer and tubing. Set RBP at 9437' and packer at 9405'. Test casing to 500 PSI and test OK. Move packer to 8401' and test OK. Move packer to 7890' and test OK. Run packer to 9405' and swab well without packer set. Pull packer and RBP. Run packer and set at 9190' and swab well. Run temperature survey and noise log and show leak at 9250' behind pipe and channeling down to perforations. Release and pull packer. Run tubing and mud anchor and land tubing at 9595' and set anchor at 9410'. Run pump and rods. RD and MOSU 04-20-88 and return well to production.

PPWO: 0 BOPD, 0 BWPD, 0 MCFD  
PAWO: 18 BOPD, 226 BWPD, 983 MCFD

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

SIGNED

*O. M. Mitchell*  
O. M. Mitchell

TITLE

Sr. Admin. Analyst

DATE

05-12-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side