

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"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, Texas 79760		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 510' FSL X 1830' FEL (Unit 0, SW/4, SE/4)		8. FARM OR LEASE NAME South Mattix Unit Federal	
14. PERMIT NO.		9. WELL NO. 24	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3260' RDB		10. FIELD AND POOL, OR WILDCAT Fowler-Ellenburger	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37	
		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 checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 locate and repair casing leak(s). MI and RUSU and pull production equipment. Run workstring, packer and RBP. Isolate casing leak(s) and repair as needed with cement squeeze. RD and MOSU and return to production.

RECEIVED

FEB 24 12 47 PM '88

CARLETON
AREA

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

SIGNED <u>O. M. Mitchell</u>	TITLE <u>Sr. Admin. Analyst</u>	DATE <u>02-19-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>3-8-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side