Form 9-331 (May 1963)

## UN. ED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) GEOLOGICAL SURVEY

SUBMIT IN TRIPL. TE\*

Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

## 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.)  |   |
|---|---|
| OIL GAS OTHER   | SOUTH MATTIX UNIT FED                               |
| AMOCO PRODUCTION COMPANY  | 8. FARM OR LEASE NAME                               |
| 3. ADDRESS OF OPERATOR  | 9. WELL NO.   |
| BOX 367, ANDREWS, TEXAS 79714   | 26  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface | FOWLER UPPER YESO                                   |
| · · · · · · · · · · · · · · · · · · ·   | 11. SEC., T., B., M., OR BLK. AND<br>SUBVEY OR AREA |
| 660 FSL × GGO FWL Sec. 15 (Unit M, SW/4 SW)   |   |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   | 12. COUNTY OR PARISH 13. STATE                      |
| 3276 RDB  | LEA NM  |
| 16. Charle American Pau To Indicate Nature of N. C.   | . 01 0 .  |

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

| NOTICE OF INTENTION TO: |  | SUBSEQUENT REPORT OF: |           |  |  |
|-------------------------|--|-----------------------|-----------|--|--|
| TEST WATER SHUT-OFF     |  | PULL OR ALTER CASING  |           |  |  |
|                         |  | FULL OR ALTER CASING  |           | WATER SHUT-OFF   | REPAIRING WELL                                   |
| FRACTURE TREAT          |  | MULTIPLE COMPLETE     | <u>  </u> | FRACTURE TREATMENT   | ALTERING CASING                                  |
| SHOOT OR ACIDIZE        |  | ABANDON*              |           | SHOOTING OR ACIDEZING  | ABANDONMENT*                                     |
| REPAIR WELL             |  | CHANGE PLANS          |           | (Other)  |  |
| (Other)                 |  |                       |           | (Note: Report results of mul<br>Completion or Recompletion R | tiple completion on Well<br>eport 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.)\*

In an effort to remove scale from wellore i flush formation we inhibitors well was treated w/ 1500 gal 15% NE acid + 1% KCL H2.

Evaluated & ristored to production.

PRIOR - PMP 96 BO+ 336 BW 24 HR.

TD- 5803' 5/2" CSA 5803 x 430 Sc

OC- 11-18-74 COMP. 12-17-74

|  | ·<br>·   |         |
|--|--|---------|
| 18. I hereby certify that the topegoing is true and correct SIGNED DIA HOUKUM  | ADMINISTRATIVE ASSISTANT DATE DEC  | 18 1974 |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  O+A - USGS - H I - DIV I - SUSP I - REV I - RECO I - CONOCO I - TENNECO I - CHEVRON | TITLE 1974 PARTIES OF THE PROPERTY OF THE PROP |         |