

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

10-032450 (a)
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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME SOUTH MATTA UNIT FED
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714	9. WELL NO. 26
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSLX 660' FWL Sec 15 (UNIT M, SW 1/4 SW 1/4)	10. FIELD AND POOL, OR WILDCAT FOWLER-UPPER YESO
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37 NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3276' R.D. B.	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <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.)*

In an effort to remove wellbore scale and flush formation w/ inhibitors propose treat w/ E-Det, lease oil, 1500 gal 15% NE acid + 1% KCl water. Evaluate & restore to production.

PMP 9680 + 336 BW + 298 MCFGPD.

TD - 5803'
5 1/2" CSA 5803' 430 SX
PERFS: 5202' - 5552' VARIOUS.

18. I hereby certify that the foregoing is true and correct
SIGNED Ray R. Yoakum TITLE ADMINISTRATIVE ASSISTANT DATE NOV 15 1974

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
NOV 18 1974

DATE

ANTHONY R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

044-USGS-H
1-DIV-
1-SUSP-
1-REPL-
1-ARCO
1-CONOCO
1-TENNECO
1-CHEVRON