

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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"/>	N. M. OIL CONSV. COMMISSION	7. UNIT AGREEMENT NAME S.
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	P. O. BOX 1880 HOBBS, NEW MEXICO 88240	8. FARM OR LEASE NAME South Mattix Unit Fed.
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240		9. WELL NO. 27
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2030' FNL X 1880' FWL (Unit F, SE/4 NW/4)		10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3264.6'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 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 checked="" 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.)

MISL 4-16-85 and POH w/ prod equipment. RIH w/ 4-1/4" bit and bulldog bailer. CO frac sand from 5606'-5737'. RIH w/ 5" RBP and 5" pkr on 2-3/8" tbg. RBP SA 5680'. Pulled tbg and set pkr at 5481'. Pumped 2000 gal 15% HCL and flushed w/ 25 bbl 2% KCL FW. Rel RBP and pkr. RBP SA 5490'. Pulled tbg and set pkr at 5305'. Pumped 2000 gal 15% HCL and flushed w/ 25 bbl 2% KCL FW. Rel pkr and RBP. RBP SA 5304' and PKR SA 5127'. Pumped 4000 gal 15% HCL and flushed w/ 25 bbl 2% KCL FW. Rel pkr and RBP and POH. RIH w/ 2-3/8" SN and 2-3/8" tbg. SN SA 5658'. Installed prod equipment and tested pump to 500 psi - OK.

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

SIGNED W. T. Gates

TITLE Administrative Analyst

DATE 9 May 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

0+5 - BLM-C, MAY-10-1985, 1-FJN, 1-NLG

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

MOSU 4-19-85 and began pump tstg. Scale squeezed well on 4-28-85 and returned to pump tstg. Returned well to production 5-3-85 w/ PAWO= 24 BO X 30 BW X 378 mcf in 24 hrs.

RECEIVED
MAY 15 1985
HOBBS OFFICE