

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1840 660
(Unit I, NE/4 SE/4) 1830' FSL x 550' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3230.9 GL

5. LEASE DESIGNATION AND SERIAL NO.
NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Mattix Unit Federal

9. WELL NO.
37

10. FIELD AND POOL, OR WILDCAT
Fowler Drinkard

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:

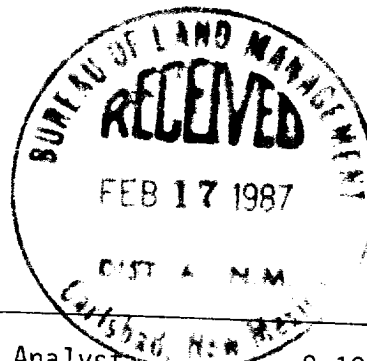
SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" 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 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 perforate additional pay and fracture stimulate the Drinkard. MIRU-SU. POH w/prod. equip. Kill well w/2% KCl water. RIH w/3-1/8% perforating gun and perf 6320-30' and 6260-70' w/4 JSPF 90° or 120° phasing. RIH 2-7/8" N-80 workstring and set packer at 6000'. Run a base GR temp survey from PBTD (6357') to 5700'. Fracture stimulate the well with 18000 gal of 30# HPG gelled-crosslinked 2% KCL fresh water, 9000 gal (38.5 tons) of CO2 and 78000# of 20/40 mesh Ottawa Sand. Pump at 12 BPM. Max pressure 3500#. Testing pressure to 7000# in care of problems. Run after frac GR-temp survey. POH and install production equipment. RD and MOSU. After several weeks perform scale squeeze. Pressure up tubing and pump 15 bbls of 2% KCL FW paid down annulus. Mix 2 drums (110 gal) of TH-793 scale inhibitor in 75 bbls of 2% KCL FW. Overflush with 3 gal of TC-420 and 150 bbls of 2% FW.



I hereby certify that the foregoing is true and correct

SIGNED Steve Brownlee

TITLE Administrative Analyst DATE 2-12-87

(This space for Federal or State office use)

APPROVED BY Orig. Sec. Linda S. C. Ruddle

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 2-18-87

*See Instructions on Reverse Side

RECEIVED
FEB 10 1967
OCD
HIDRIS OFFICE