

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-032450 (a)
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-0321613
3. ADDRESS OF OPERATOR P.O. Box 3092 Houston, Tx 77253	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 1890 FNL & 2070 FEL Section 15 (Unit G, SW4 NE4)	8. FARM OR LEASE NAME South Mattix Unit Fed.
14. PERMIT NO.	9. WELL NO. 39
15. ELEVATIONS (Show whether DJ, RT, OR, etc.) 3257.1' RDB	10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
	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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETION ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☒  
(Other) ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

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.)\*

RUSU 5/7/90

Acidize perfs 5638-5117 w/5280 gals 15% Ne HCL  
w/PPI packer at 4' spacing; Flush; return to production.

RDSU 5/10/90

RECEIVED  
OCT 25 10 55 AM '90  
BUREAU OF LAND MANAGEMENT

Matthew C. Wines (713) 556-3744

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

SIGNED Matthew C. Wines

TITLE Administrative Analyst

DATE 10/22/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

RECEIVED

NOV 01 1990

DD  
HOBBS OFFICE