

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM-0321613</u>
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>	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 <u>750' FNL x 700' FEL</u> <u>(UNIT A, NE1/4, NE1/4)</u>	8. FARM OR LEASE NAME <u>South Mattix Unit Federal</u>
14. PERMIT NO. <u>300252673</u>	9. WELL NO. <u>384</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3246.3' GL</u>	10. FIELD AND POOL, OR WILDCAT <u>Zowle Upper Gess</u>
	11. SEC., T., E., N. OR BLK. AND SURVEY OR AREA <u>15-24-37</u>
	12. COUNTY OR PARTIAL <u>Lea</u>
	13. STATE <u>NM</u>

16. 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* ☐

(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.)*

M/SU 3-5-86 and PDHW/rode and pump. Pumped 1000 gals NEFE HCL 15% and 335 gals NEFE 15% HCL mixed w/165 gals A-Sol. Swabbed back load and M/SU 3-7-86. Pump tested 10 days. Pumped scale inhibitor chemical. Pump tested 25 days. Operations completed 4-14-86.

APWD: 15 BOPD x 90 BWPD x 20 MCF

PAWD: 14 BOPD x 140 BWPD x 130 MCF

ACCEPTED FOR RECORD

APR 18 1986

CARISBAD, NEW MEXICO

0 + 5 BLM C, 1 - JRB, 1 - FJN, 1 - CMH

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

SIGNED Charles M. Herring

TITLE Administrative Analyst (SG)

DATE 4/15/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
APR 21 1986
HOBBS OFFICE