

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT.

SUBMIT IN TRIP
(Other instructions
verse side)

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		South Mattix Unit Fed
3. ADDRESS OF OPERATOR Post Office Box 68, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME South Mattix Unit Fed
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 750' FNL x ⁷⁰⁰ 750 ' FEL, Sec. 15 (Unit A, NE/4 NE/4)		9. WELL NO. 38-Y
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3246.3 GL	10. FIELD AND POOL, OR WILDCAT Fowler Upper Yeso
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA 15-24-37
		12. COUNTY OR PARISH Lea
		13. STATE NM

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"/>	

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 cmt. squeeze out of zone perfs. Perf additional pay and acidize as follows: Pull rods, pump and tbg. RIH with RDP and tbg. Set RBP at 5270' and cap with 10' of sand and POH. RIH with cmt. retainer and set at 5000'. Squeeze the non-continuous perfs 5068-5226' with 150 sxs of class 'C' neat cmt. Sting out of cmt. retainer, reverse out excess cmt., and POH. Wait on cmt. RIH with bit, collars, and tbg. Drill out cmt. retainer and cmt., and circulate sand off RBP. Circulate hole clean and pressure test squeeze to 1000 psi and POH. RIH with retrieving head and 2 3/8" tbg. POH with RBP. Perforate Upper Yeso intervals 5228-32', 36-34', 54-61', 5410-18', 23-32', 5693-5700', and 5704-06' w/4DPJSPF using a 4" hollow carrier csg. gun. RIH with RBP, pkr. unloader, and 2 3/8" tbg. Set RBP at 5730', set pkr. at 5650'. Acidize down tbg. with 1000 gal of 15% NE HCl gelled acid w/additives. Flush acid to perfs with 30 bbls 2% KCl. Release pkr. and RBP, pull up and set RBP at 5450' and set pkr. at 5390'. Acidize down tbg. with 1700 gals of 15% NE HCl gelled acid with additives. Flush acid to pkr. with 25 bbls of 2% KCl. Release pkr. and RBP, pull up and set RBP at 5370', set pkr. at 5270'. Acidize down tbg. with 4300 gals of 15% NE HCl gelled acid. Flush with 25 bbls 2% KCl. Release pkr. and RBP, pull up and set RBP at 5270', set pkr. at 5212'. Run base temp GR survey from 5100-5270'. Acidize down tbg. with 2000 gals of 15% NE HCl gelled acid. Tag acid with iodine 131 and flush to perfs with 25 bbls 2% KCl. Run after treatment survey 5100-5270'. Release pkr. and RBP and POH. RIH with 2 3/8" tbg. w/standard seating nipple on bottom, land at 5730'. Run pump and rods, return well to production.

0+5 BLM,C 1.-J.R. Barnett, Hou Rm 21.156 1-F.J. Nash, Hou Rm 4.206 1-GCC

I hereby certify that the foregoing is true and correct

SIGNED Mary C. Clark TITLE Assistant Admin. Analyst DATE 5/22/84

(This space for Federal or State office use)

APPROVED BY R. Ritschke TITLE P.E. DATE 6/6/84

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

REC-1177

JUN 7 1984

O.C.D.
HOBBS OFFICE