

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

## 1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Water Injection

## 2. Name of Operator

Amoco Production Company

## 3. Address and Telephone No.

P.O. Box 3092, Houston, TX 77253 Rm. 16.108 (713-584-7213)

## 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2450' FNL X 1600' FNL (UNIT F, SE/4, NW/4)  
Sec. 15, T-24-S, R-37-E NMPM

## 5. Lease Designation and Serial No.

LC-032450B

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No.

South Matlax Unit Fed. #42

## 9. API Well No.

30-025-31476

## 10. Field and Pool, or Exploratory Area

Fowler (Upper Yeso)

## 11. County or Parish, State

Lea, NM

## 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- ☐
- Abandonment
- 
- ☐
- Recompletion
- 
- ☐
- Plugging Back
- 
- ☐
- Casing Repair
- 
- ☐
- Altering Casing
- 
- ☒
- Other
- New Injection Well
- 
- ☐
- Change of Plans
- 
- ☐
- New Construction
- 
- ☐
- Non-Routine Fracturing
- 
- ☐
- Water Shut-Off
- 
- ☐
- Conversion to Injection
- 
- ☐
- Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

## 13. 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.)\*

RIG UP 1-22-92KILL WELL X LD TBG X RUN GUIBERSON VI PKR X PU INJ TBG XPMP FWID X PSA 5085' X TST X 580 PSI X OK X RD MOSU 1-30-92INJECTION COMMENCED 4-7-92PKR. set 5083Inf. interval 5124-5654AS3 1992

## 14. I hereby certify that the foregoing is true and correct

Signed H. J. Breen (H.I. Breen) Title Stt. Admin. ANALYST Date 9-10-92

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_