| (June 1990) DEPARTMENT DEPAR | | |
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| SUBMIT | IN TRIPLICATE | 7. If Unit or CA, Agreement Designation |
| 1. Type of Well & Oil @ Gas & Well @ Well @ Other 2. Name of Operator Awnoco Production Company | | 8. Well Name and No. South Mattix Unit Federal #44 9. API Well No. |
| 3. Address and Telephone No. P.O. Box 3092 Houston Tx 77 4. Location of Well (Footage, Sec., T., R., M., or Survey De 2500' FNL X 1650' FEL Se Unit Letter G | - | 30-025-31478 10. Field and Pool, or Explorency Area Fauler Padelock, Upper 11. County or Parish, State Lea, NM |
| |) TO INDICATE NATURE OF NOTICE, REP | PORT, OR OTHER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | N |
| Notice of Intent | Abandonment Recompletion Plugging Back | Change of Plans Change of Plans New Construction Non-Routine Fracturing |
| Final Abandonment Notice | Line Casing Repair Altering Casing Other | Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| give subsurface locations and measured and true vertice | pertinent details, and give pertinent dates, including estimated date of sta il depths for all markers and zones pertinent to this work.)* | |
| Kill well and pull T Run Bit and Scrapper RIH and set CIBP at 9 Perf Upper Paddock 44 RIH w/ Tbg X Pkr. Se Acidize w/ 2500-5000 flexible - generally the pressure exceeding | 5 per tu follo wing procedure 5 per tu follo wing procedure 5050' and cap w/ 35' cmt plug. Pre 573-4926' w/ 4 SPF. 5050' and at 4870'. 501 Jat HCL at 1-2 BPM (Volume and 502 the rate should be as high as poss 503 any equipment limits). Displace 504 mscf of N2 required and should resu 505 state of 2200 psi. | : ssure test rate are ible without |