

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 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

5. Lease Designation and Serial No.

NM-0321613

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

S. Mattix Unit Federal #44

9. API Well No.

30-025-31478

10. Field and Pool, or Exploratory Area

Fowler (Upper Yeso)

11. County or Parish, State

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injector

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P. O. Box 3092, Houston, TX 77253 Rm. 17.182

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

2500' FNL X 1650' FEL (Unit G, SW/4, NE/4)
Sec. 15, T-24-S, R-37-E, NMPM

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 Perf & Acidize

- ☐ 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 1/21/92

Perforated intervals 5116'-46'; -5150'-60'; 5178'-90'; 5198'-5204'; 5208'-18'; 5222'-28';
5236'-46'; 5254'-84'; 5287'-93'; 5296'-5318'; 5324'-30'; 5335'-51'; 5362'-68';
5373'-77'; 5524'-26'; 5544'-48'; 5573'-77'; 5600'-04'; 5624'-26' w/4 SPF.

Acidized intervals 5116'-5626' w/19,000 gals 15% NE HCL using PPI pkr. Flushed w/100
bbls water.

Tested csg at 500 psi - test OK

Rig released 1/29/92

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

Signed [Signature] Title Asst. Admin. Analyst

Date 2/17/92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____