

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug an oil or gas well or to install a wellhead or reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FNL x 2180' FEL Sec. 31

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐

5. LEASE

NM-0555569

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Empire South Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

5

FFR 7 1980

10. FIELD OR WILDCAT NAME

So. Empire

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

31-17-29

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3640' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 repair casing leak and return well to normal production by going in hole with retrievable bridge plug on bottom of tubing and packer, setting near bottom of hole and hunting leak with tubing and packer. Once found go in hole with cement retainer and set above leak. Cement squeeze with 200 sx cement. If large interval is corroded, run a Casing Inspection Log to evaluate need for further repair. Wait 24 hrs. on cement. Pull retainer and drill out cement and pressure test. Retrieve bridge plug, run tubing and return well to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

TITLE Admin. Supervisor DATE 2-1-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-A, 1-Hou, 1-Susp, 1-MKE