

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
awer DD

Artesia, NM ⁸⁸²⁹⁰ moved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS OF WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐ FEB 01 1983

2. NAME OF OPERATOR
Amoco Production Company ✓ O. C. D. ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL X 1980' FWL
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/4)
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) Status update ☐

SUBSEQUENT REPORT OF:

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OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

5. LEASE
NM-19612

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal BF Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-26-30

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2959.7 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.)*

Moved in service unit 1-15-83. Acidized with 2000 gallons 15% NEFE and flushed with 80 barrels of brine water. Moved out service unit 1-16-83. Installed testing equipment and began flow testing. Currently flow testing at rate of 0 BO, 2 BW, and 79 mcfd.

0+6-BLM, R 1-HOU 1-DMF 1-W. Stafford, HOU

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

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 1-25-83

ACCEPTED FOR RECORD (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

JAN 31 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side