

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 back to a different 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 660' FNL (Unit E)
 AT SURFACE: Sec.13 T-9-S R-35-E
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

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

5. LEASE
 NM-0149958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Hood Federal

9. WELL NO.
 2

10. FIELD OR WILDCAT NAME
 Bough Devonian Field

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 13-9-35

12. COUNTY OR PARISH
 Lea

13. STATE
 NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
 4130' RDB

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:

-
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-
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-
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-
-

RECEIVED
 SEP 16 1981

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

OIL & GAS
 U.S. GEOLOGICAL SURVEY
 ROSWELL, NEW MEXICO

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 increase production by the following procedure: Pull rods, pump, and tubing. Run a cement retainer and set at 11764. Squeeze perforations 11863-11898 with 100 sx Class H cement with additives. Drill out retainer and cement to 11900. Perforate 11884-11894 with 4 JSPF. Run tubing and set tailpipe to 11884'. Acidize with approx. 500 gals of 15% NEFE HCL acid. Swab back load. Run tubing, rods, and pump. Returned well to production.

0 + 4 USGS, R 1-Hou 1-Susp 1-GPM

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

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

SIGNED Greg M. Mitchell TITLE Admin. Analyst DATE 9-11-

APPROVED BY Peter W. Chertok TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED
 SEP 21 1981
 FOR
JAMES A. GILLHAM See Instructions on Reverse Side
 DISTRICT SUPERVISOR