N. M. OIL CONS. CUMMOSSION

P. O. BOY 1080

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

*

Form 9-331 Dec. 1973	P. O. BO	XIC	86240	Form Approved. Budget Bureau No. 42-R1424
UNITED STATE	3	5. LI	EASE	
DEPARTMENT OF THE GEOLOGICAL SUR		NM-19202 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different		7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)		8. FARM OR LEASE NAME Federal BM		
well well other 2. NAME OF OPERATOR		9. W	ELL NO.	
Amoco Production Company		10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		Wildcat Bone Springs 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA 25-24-32		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)				
AT SURFACE: 1980' FNL x 198 AT TOP PROD. INTERVAL: (Unit	0' FWL, Sec. 25 F, SE/4, NW/4)	12. C	12. COUNTY OR PARISH 13. STATE Lea NM	
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,		14. API NO.		

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3572.5 RDB

REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates.

SUBSEQUENT REPORT OF:

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.)*

Pump tested 72 hours. Recovered 72 barrels of water. currently shut in evaluating recompletion possibilities MAY 1, 0 1982

OIL & CAS U.S. GEOLOGICAL THRULLY KOSWELL, NEW MUMICO

0+6-USGS, R 1-Hou 1-W. Stafford, Hou 1-DMF __ Set @ ._____ Ft. Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct _ TITLE <u>Ast. Adm. Analys</u>tDATE _ (This space for Federal or State office use) ___ DATE ___ APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

4/17/1982

RSCEIVED

MAY 19 1982

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