

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.)
AT SURFACE: 1980' FNL x 1650' FEL
AT TOP PROD. INTERVAL: (Unit G, SW/4, NE/4)
AT TOTAL DEPTH:

5. LEASE
NM-10601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal DI

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Und. Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27-20-33

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3623.2' GL

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input checked="" type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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

RECEIVED
 DEC 15 10 19 AM '83
 BUREAU OF LAND MANAGEMENT
 ROSWELL DISTRICT

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 abandon the Wolfcamp and test the Bone Springs per the following:

Move in service unit and kill well w/ 2% KCl brine water. Pull rods and pump out of hole. Release anchor and pull tubing and anchor out of hole. RIH with a 7" CIBP and set at 11,430' 4700' Cap CIBP with 35' class H cement with .2% HR4. Run gamma correlation log from 11,000'-8500'. Perforate Bone Springs intervals 9504'-09', 9522'-26', 9540'-44', 9546'-51', 9555'-58', 9562'-69', 9571'-77', 9581'-88' and 9591'-93' with a 4" hollow carrier casing gun with 4 DPJSPF utilizing 90° or 12° phasing. RIH with tubing, packer, and 3 jts. of tailpipe. Set packer appx. 9304'. Acidize with 5000 gals. 7½% NEFE HCl acid with additives. Flush with 65 BBLs 2% KCl brine water. Swab and flow test well.

0+6-BLM/R 1-R.E.Ogden, HOU Rm 21.150 1-F.J.Nash, HOU Rm 4.206 1-CMH
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED Charles M. Perry Admin. Analyst DATE 12-13-83

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JAN 9 1984