

Form 9-331
Dec. 1973

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UNITED STATES

DEPARTMENT OF THE INTERIOR
MINERALS MGMT. SERVICE
GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL X 1980' FEL, Sec. 6
AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/4)
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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N. I. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE NM-13647	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Perro Grande Unit	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Wildcat Morrow	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-26-35	
12. COUNTY OR PARISH Lea	13. STATE NM
14. API NO. 30-025-27359	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3279.6 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 obtain a tracer survey to determine if communication exists between current Morrow perforated intervals 15,658'-15,668' and Atoka interval 15,535'-15,550'. Per the following procedure:
Load hole with 2% KCL brine. Run radioactive pump-in tracer survey, utilizing downhole injector tool. Set injector at $\pm 15,550'$; emit slug and make at least two runs to determine whether communication exists above or below perfs.

O+6-MMS,R 1-HOU 1-CMH 1-W. Stafford, HOU 1-Superior, MID.

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

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

SIGNED Peter W. Chester TITLE Asst. Admin. Analyst DATE 11-8-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 15 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side