Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES	UUTL	1.41
DADTMENT OF THE INT	EDIOD	

DEPARTMENT OF THE INTERI **GEOLOGICAL SURVEY** 

ARTESIA. OFFIC LC-029392-a

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 reservoir. Use Form 9–331–C for such proposals.)

well X other well 2. NAME OF OPERATOR

<u>Amoco Production Company</u>

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660 FSL X 2310 FWL, Sec. 35 AT SURFACE: (Unit N, SE/4 SW/4)

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Greenwood Pre-Grayburn Unit 🚾 Co

9. WELL NO.

5. LEASE

13

10. FIELD OR WILDCAT NAME

<u>Und. Shugart Penn</u> 11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA 35-18-31

12. COUNTY OR PARISH 13. STATE NM Eddy

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3627.8 GR

FRACTURE TREAT X SHOOT OR ACIDIZE

REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

(other)

SUBSEQUENT REPORT OF:

(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 9-24-79. Tested casing with 1000# for 30 min. Test 0K. Perforated 11684'-11708', 11764'-11788' with 4 JSPF. Ran tubing, packer, and tailpipe. Packer set at 11536'. Tailpipe at 11601'. Currently flow testing well.

RECEIVED

OCT 5 1979

U.S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ ... Set @ \_\_

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

SIGNED

APPROVED BY

TITLE Admin. Supervisor DATE 10-3-79

(This space for Federal or State office use)

GEORGE H. SILWART ACTING DISTRICT ENGINEER TITLE

CONDITIONS OF APPROVAL, IF ANY:

O+4 USGS-A, 1-Hou, 1-Susp, 1-BD, 1-Cities Svc, 1-Conoco