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IL CONS. COMMISSION Drawer DD Artesia, NM 88210

Form 9-331 Dec. 1973

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424		
UNITED STATES 1 9 1983 DEPARTMENT OF THE INTERIOR	5. LEASE NM-19612		
GEOLOGICAL SURVEY D.	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		
1. oil gas well other	Federal BF Com 9. WELL NO.		
2. NAME OF OPERATOR	1		
Amoco Production Company 🗸	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Wildcat Wolfcamp		
P. O. Box 68, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-26-30		
AT SURFACE: 1650' FNL X 1980' FWL AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/4) AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Eddy NM		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 2959.7 GL		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
MILITIPLE COMPLETE TO JAN 8	1983		

(other) MINERALS : 1077, SERVICE 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.)*

09 6 018

Move in service unit. Kill well with 10# brine water and install 10,000# lubricator. Blow well down to pit. Run base gamma ray and temperature survey from 11400'-12800'. Pump 2000 gallon pad of radioactive tagged 15% HCL. Flush to perfs with 80 barrels of brine water. SI and run after treatment gamma ray temperature survey. If survey indicates no channeling pump 10000 gallons radioactive tagged 15% HCL acid. Flush to perfs with 80 barrels of brine water. SI well and run after treatment gamma ray temperature survey from 11400'-12800'. Swab and flow test well.

0+6-BLM, R	1-Hou	1-DMF	1-W. Stafford,	Hou.		
Subsurface Safe	ety Valve: Manu	and Type _			Set @	Ft.
18. I hereby cer	rtify that the for	ægoing is tru	ie and correct			
SIGNED	all H	MAN TOVED	Asst. Ad	lm. Analystoare		
•			(This space for Federal or D. R. GLASS			
CONDITIONS OF	APPROVALA IN A	NY8 1983	TITLE	DATE		
	FOUAMES A	. GILLHA	w			

DISTRICT SUPERVISOR . See Instructions on Reverse Side