

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 Company3. ADDRESS OF OPERATOR
P. O. Box 68 Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
AT TOP PROD. INTERVAL: (Unit E, SW/4, NW/4)
AT TOTAL DEPTH: Sec. 13-19S-35E

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

New Mexico 0149958

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hood Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Bough Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

13-9-35

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

RECEIVED RECEIVED

MAR 6 1981

MAR 11 1981

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

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HOBBS, NEW MEXICO

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 1-30-81. Pulled rods, pump, and tubing. Ran cast iron bridge plug and set at 11914'. Perforated intervals 11863'-11872' and 11880'-11898' with 4 JSPF. Ran packer and 2-3/8" work string and set packer at 11791'. Acidized to packer with 3000 gallons 15% HCL acid. Swabbed back load. Installed pumping equipment and returned to production.

0+6-USGS, H

1-Hou

1-Susp

1-GPM

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

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

SIGNED Greg M. Baker TITLE Ast. Adm. Analyst DATE 3-5-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAR 10 1981

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*See Instructions on Reverse Side