N. H. CH. COMS. COMMISSION P. O. BOX 1000 HOBBS, NEW MEXICO 88240

Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 40452
GEOLOGICAL SURVEY	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.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other	Federal BS
Well — Well Conte	9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Und. Bone Springs
P. O. Box 68, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	11-18-32 12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1980 13L X 1980 1WL, OHITCK AT TOP PROD. INTERVAL: Sec. 11, T-18-S, R-32-E	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3867.8' RDB
FRACTURE TREAT	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined	directionally drilled, give subsurface locations and nt to this work.)*
Supplemental report to re-stimulate intervals 69 Set a packer at approx. 6700'. Run base gamma repump 6000 gal 15% NE-HCL in 3 equal stages. Tag Pump 1000 gal of 10# gelled brine water with 500 stage as block. Flush with 31 bbls. 2% KCL fresh survey. Over flush perfs with 80 bbls 2% KCL fresh packer Run 2-3/8" tubing, anchor, seating nip tubing at approx. 6980' and anchor at approx. 68 well to production.	ray-temp. survey 7000 -6500. g acid with radioactive material. H of graded rock salt in each water. Run after treatment resh water. Pull tubing and ople, pump, and rods. Land
0+4-USGS,R 1-HOU 1-SUSP 1-CLF	UN 1 6 1982 Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct SIGNED STRY S. Sarman TITLE AST. Adm. And	
(This space for Federal or State o	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD
	WARLIED LAW MEAAUS

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HOBBS OFFICE