Form	9-331
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.)	Form Approved.
	Budget Bureau No. 42-B145

UNITED STATES	Buoget Bureau No. 42-R1424
DEPARTMENT OF THE INTERIOR	5. lease NM 16350
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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Federal "CQ"
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Und. Queen
P. O. Box 68, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	18-18-32
AT SURFACE: 660' FNL X 660' FEL, Sec. 18 AT TOP PROD. INTERVAL: (Unit A, NE/4,NE/4) AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Lea NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3751.4 GL
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	(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 pertine	firectionally drilled, give subsurface locations and
Moved in service unit and pulled rods and tub plug and set at 4442'. Capped with 36' of ce at 3702'-05', 3715'-18', and 3726'-28'. Ran packer, and tubing. Packer set at 3577'. Sw 17 BLW. Acidized with 3000 gal 15% NEFE HCL Flushed with 27 bbl brine water. Swabbed 14 Released packer and pulled packer and tubing. tubing. Tubing landed at 3765'. Ran rods and moved out service unit 11-20-82. Hooked pump testing. Pumped 120 hrs. and recovered additional work.	ment. Perfed with 4 JSPF seating nipple, tailpipe, abbed 5 hr. and recovered and tagged with RA material. hrs. and recovered 17 BLW. Ran seating nipple and d pump. Pressure testing pump up test equipment and began
0+6-MMS, R 1-HOU 1-W. Stafford, HOU 1-Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby dery fy that the foregoing is true and correct	Midla
SIGNED HALLS M. X RACHT. An.	2-6-82
ARROUGH MITTER W. CHESTER	ffice use)
CONDITIONS OF APPROVAL, IR ANY THE	· · · · · · · · · · · · · · · · · · ·

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