

UNITED 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 Company

3. ADDRESS OF OPERATOR  
P. O. Box 68 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL X 660' FEL, Sec. 15  
AT TOP PROD. INTERVAL: (Unit P SE/4, SE/4)  
AT TOTAL DEPTH:

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 NM-0321613
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME South Mattix Unit <i>Federal</i>
9. WELL NO. 8
10. FIELD OR WILDCAT NAME Fowler Ellenburger
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37
12. COUNTY OR PARISH Lea
13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3247' RDB

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U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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.)\*

Propose to increase productivity by the following method:

Run a cast iron bridge plug on wire line to 9770'. Perforate 9706'-9750' with 4 JSPF. Run tubing, packer, and tailpipe. Spot 60 gallons 15% NE retarded HCL acid. Set packer at 9640'. Acidize perfs 6000 gallons 15% NEFE retarded HCL separated with 300# graded rock salt and 300# paraformaldehyde in 400 gallons gelled brine water. Return well to production.

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

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

SIGNED: *Mark [Signature]* TITLE Asst. Ad. Analyst DATE 5-30-80

(This space for Federal or State office use)

APPROVED BY: *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: 0+4-USGS, H 1-Hou 1-Susp 1-MKE

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OIL CONSERVATION DIV.

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