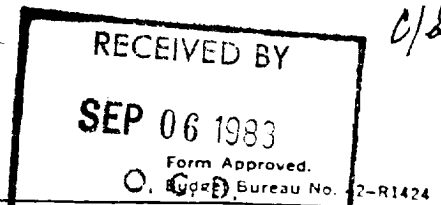


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY



5. LEASE ARTESIA, OFFICE  
NM-0159536(C)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal DJ  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Wildcat Wolfcamp  
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
11-15-27  
12. COUNTY OR PARISH | 13. STATE  
Chaves | NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3478' GL

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 ☒ gas ☐  
well well other  
2. NAME OF OPERATOR  
Amoco Production Company  
3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, New Mexico 88240  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 990' FNL X 1650' FWL, Sec. 11  
AT TOP PROD. INTERVAL: (Unit C, NE/4, NW/4)  
AT TOTAL DEPTH:  
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input checked="" type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

(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.)\*

Moved in service unit and loaded casing with 35 bbl 10# brine. Loaded tubing and established injection rate. Released seal assembly and POH. Ran 5-1/2" cement retainer and 2-3/8" tubing. Set retainer at 7903'. Squeezed perfs 8232'-43' and 8252'-57' with 100 sx class H cement. Stung out of retainer and dumped 42' of cement on retainer. WOC. Ran Gamma ray CCL log 7860'-5400'. Perfed 6880'-94' with 4 SPF with 3-1/8" casing gun. Ran packer, seating nipple and tubing. Packer set at 6849'. Ran swab 2 hrs. and recovered 29 BLW, 6 BFW, and trace of oil. Acidized with 2100 gals 15% NEFE HCL. Flushed with 29 bbls 10# brine. Swabbed 7-1/2 hrs. and recovered 39 BLW. POH and ran seating nipple, 2 jt. tubing, tubing anchor and 22 stands of tubing. Seating nipple loaded at 6212' and tubing anchor set at 6848'. Preparing to test.

0+5-BLM, R 1-HOU R.E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CMH

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

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

SIGNED Charles M. Lanning TITLE Admin. Analyst DATE 8-22-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD

SEP 2 1983