Copy to S7

Form 9-331 Dec. 1973

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

REPAIR WELL

## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	Budget Bureau No. 42R1424
	5. LEASE LC-062407
	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 R P R to k P a difference reservoir, Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME,
1. oil 🛪 gas 🗆	8. FARM OR LEASE NAME Empire South Deep Unit
well well other DEC 1 2 1978  2. NAME OF OPERATOR	9. WELL NO. 47 - 3
AMOCO PRODUCTION COMPANY   3. ADDRESS OF OPERATOR  ARTESIA, OFFICE	10 FIELD OR WILDCAT NAME South Empire - Wolfcamp
P.O. DRAWER "A" LEVELLAND, TX 79336	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SUBFACE 760'FSL&2310'FEL;Sec.30 (Unit 0,	30-17-29
AT SURFACE: 700 13242313 122,326.30 (01112 0, AT TOP PROD. INTERVAL: SW4,SE4)  AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3637 GL

o dob o Morestia Morestia Morestia

change on Form 9-330.)

(NOTE: Report results of multiple complétion or zone

3

ABANDON\* (other) 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 on service unit 10-15-78. Acidized with 500 gallons 15% NE Acid. Flushed with 170 BFW. Returned well to production. Pumped 7 BO, 72 BW in 24 hours. Final report.

SUBSEQUENT REPORT OF:

U.S. GEOLUGICALISUTIVEY ARTESIA, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_Set @

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

TITLE Asst. Admn. Analyst 12-6-78

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER TITLE CONDITIONS OF APPROVAL, IF ANY

0+4 - USGS-A

APPROVED BY

1 - Houston

- SUSP

1 - DE

\*See Instructions on Reverse Side