

N M O. C. C. COPE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

copy to SF

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-962407

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 "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	NOV 17 1976	7. UNIT AGREEMENT NAME Empire South Deep Unit
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME Empire South Deep Unit Co.
3. ADDRESS OF OPERATOR P. O. Drawer A Levelland, TX 79336	O. C. C. ARTESIA, OFFICE	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL X 1241' FWL Sec. 33 (Unit L, NM/4 SW/4)		10. FIELD AND POOL, OR WILDCAT Grayburg-Morrow Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-17-29 NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3547' GL	12. COUNTY OR PARISH Eddy
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

OC SU 8/17/76. Run Cardinal Temperature Survey and Gamma Ray Log 10,000 to 10,900. Run Radioactive Tracer Survey over perms 10,806 to 10,824 Upper Morrow. Swab test and evaluate. Release SU 8/20/76. OC SU 10/5/76. Run CIBP and set at 10,300' and cap with 35' cement. Plug back depth 10,265'. Run Gamma Ray Correlation Log and Perforate Strawn 10,160' - 164'; 10,170' - 77', 2 JSPF. Run tubing and set at 10,157' and pkr. set at 10,095 w/60' tailpipe. Acidize Strawn perms 10,160' - 64', 10,170' - 77' w/1,000 gal 20% NE acid plus 2 gal E-1014 plus 2 gal A-170 and evaluate. On 10/22/76 Re-Acidize Strawn perms with 6,000 gal 20% NE Acid plus 10 ball sealers after first 3,000 gals. Swab and evaluate.

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NOV 12 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ray W. Cope

TITLE

Administrative Assistant

DATE

11-11-76

(This space for Federal or State office use)

APPROVED BY

Joe G. Lora

TITLE

ACTING DISTRICT ENGINEER

DATE

NOV 16 1976

CONDITIONS OF APPROVAL, IF ANY:

0 & 4 - USGA-ART

1 - Div

1 - RC

1 - SUSP

20 - Partners

*See Instructions on Reverse Side