NN OIL CONS. COMMISSION Drawer DD

Form Approved. Budget Bureau No. 42-R1424

SF/Jule

£20.

| UNITED STATES Artasia, NV 8821 RECEIVED DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY MAY 1 4 198 | LC-062407 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
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| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back a different reservoir. Use Form 9-331-C for such proposals.) ARTESIA, OFFIC | 7. UNIT AGREEMENT NAME 6. 8. FARM OR LEASE NAME |
| 1. oil gas to other | Empire South Deep Unit 9. WELL NO. 8 |
| 2. NAME OF OPERATOR Amoco Production Company 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Grayburg Strawn |
| P. O. Box 68, Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-17-29 |
| AT SURFACE: 1980' FSL x 1241' FWL, Unit L AT TOP PROD. INTERVAL: Sec. 33, T-17-S, R-29-E AT TOTAL DEPTH: | 12. COUNTY OR PARISH 13. STATE Eddy 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3547 GL |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF | (NOTE: Report results of multiple completion or zone change on Form 9–330.) |

Propose to fracture stimulate Strawn to increase productivity as follows: Kill well with 2% KCL water and install tree saver. Pressure test annulus to 1000 psi. Fracture treat the Strawn intervals as follows: (a) pump 8400 gal XL-4 and 3600 gal CO2 pad; (b) pump 1400 gal XL-4 and 600 gal CO2 with .5 ppg 40/60 sand; (c) pump 2100 gal XL-4 and 900 gal CO2 with 1.5 ppg 40/60 sand; (d) pump 2100 gal XL-4 and 900 gal CO2 with 2 ppg 40/60 sand; and (e) pump 2800 gal XL-4 and 1200 gal CO2 with 2.5 ppg 40/60 sand. Tag steps (b) thru (e) with radioactive material. Flush with 48 bbls slick 2% KCL water and 600 gal CO2. Return well to production.

| O+4-USGS, A 1-HOU 1-SUSP 1-CLF | | |
|---|--------|-------------|
| Subsurface Safety Valve: Manu. and Type | Set @ | Ft. |
| 18. I hereby certify that the foregoing is true and correct | | |
| SIGNED Cathy Forman TITLE Ast. Adm. Analyst DATE | 5-7-82 | |
| APPROVED his space for Federal or State office use) | | |
| (Orig. Sed.) DETER W. CHESTER | | |
| MAY 1 3 1982 | | |
| FOR JAMES A. GILLHAM-See Instructions on Reverse Side DISTRICT SUPERVISOR | | |