N. M. O. C. C.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.: NM-025604

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 X GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: ~~PAN AMERICAN PETROLEUM CORPORATION~~

8. FARM OR LEASE NAME: MALCO "G" Federal

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

9. WELL NO.: 8

O. C. C.

NAME CHANGED
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

10. FIELD AND POOL, OR WILDCAT: Empire Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 9-18-27 NMPM

1980' FSL x 1980' FEL Sec. 9 (Unit J NW/4 SE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3553' R.D.B.

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other)			☐	(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.)*

In an effort to restore well to flowing status acidized perforations 5710-50' w/ 1000 gal 15% HCL. Evaluated and restored to production.

Prior - Abo
after - Flowed 141 BO + 0 BW 23 hrs. 21/64" ch. TDF - 135#.

OC - 8-10-70
Comp - 8-15-70

TD - 5800'
PBD - 5765'
PSA 5670'
Tag @ 5706'

RECEIVED
AUG 18 1970
U. S.

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE AUG 17 1970

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Cc 4- USGS-Art
1- NMOCC
1- SDC
1- Hondo

ACCEPTED FOR RECORD PURPOSES
AUG 18 1970
ACTING District Engineer

*See Instructions on Reverse Side