N. M.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Amoco Production Company

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

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

660' FNL x 660' FWL Sec. 10 (UNIT D, NW/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3528' R.D.B.

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NMC025604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
MARCO "G" Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
EMPIRE ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10-18-27 NMPM

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	☐	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.) *

Well died. In an effort to restore to production propose to acidize perforations 5700'-5720' w/ 1500 gal 15% LSTNE. Restore to production

TD- 5878'
PBD- 5842'
5½" CSA 5878'
PERFS- 5700'-20' w/2JSPF

RECEIVED
SEP 2 1972

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 9-1-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 14 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side