

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
Amoco Production Company ✓

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL X 1653' FWL, Unit F
AT TOP PROD. INTERVAL: Sec. 11, T-18-S, R-27-E
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-067858

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME DEC 29 1981

8. FARM OR LEASE NAME
Malco "S" Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Scoggin Draw - Morrow Gas

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

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

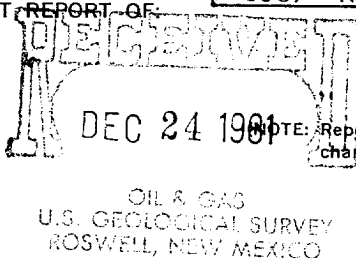
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3587' RDB

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Propose to acidize to increase production as follows: Install Tree Saver. Acidize with 8000 gal. 7-1/2% HCL NEFE acid staged with 150 ball sealers at a rate of 3-5 BPM as follows: (a) Run gamma ray-temp base log; (b) Pump 2000 gal. of acid; (c) inject 25 ball sealers; (d) Pump 1000 gall of acid (e) Repeat (c) and (d) until all acid is pumped; (f) Flush with 37 bbl. of treated 2% KCL water; (g) Run after job gamma ray-temp. treatment evaluation log; and (h) Swab back to recover load. Place well back on production.

0+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 L. Sorman TITLE Ast. Adm. Analyst DATE 12-21-81

(This space for Federal or State office use)

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

APPROVED

DEC 28 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR