

FM OIL CONS. COMMISSION
APPROVED
APPROX. 83210

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, New Mexico 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

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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5. LEASE
LC-067858 **RECEIVED**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME **MAY - 6 1982**
8. FARM OR LEASE NAME **O. C. D.**
Malco "S" Federal ARTESIA, OFFICE
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

(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.)*

Moved in service unit 3-2-82. Ran swab for 8 hrs. with initial fluid level 2100 ft. from surface. Final fluid level 9400 ft. from surface. Ran gamma ray temp. log. Pumped 8000 gal 7-1/2% HCL NEFE acid with additives staged with 150 ball sealers. Ran after gamma ray and temp. treatment log. Ran swab with light show of gas. Moved out service unit 3-8-82. Flow tested for 48 hrs. and flowed 342 MCF. Returned well to production.

0+4-USGS, A 1-Hou 1-Susp 1-CLF

Subsurface Safety Valve: Manu. and Type

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

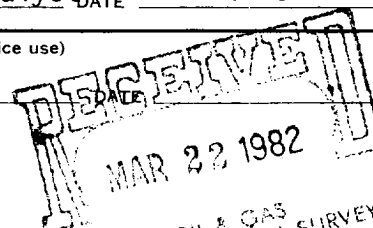
SIGNED Cathy L. Ferman TITLE Ast. Adm. Analyst DATE 3-16-82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO