

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP (TE*)
(Other instruction, a re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. M-2-025301
2. NAME OF OPERATOR Amoco Production Company ✓	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR BOX 13, MOORE, N. M. 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8. FARM OR LEASE NAME M-2-025301 Federal
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3498' R.D.B.	10. FIELD AND POOL, OR WILDCAT EMPIRE ABO
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-18-27 NMPM
	12. COUNTY OR PARISH EDDY
	13. STATE NM

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) Completion Operations			

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.)

On 11-16-71, 4 1/2" OD 9.5-10.5" J-55 Casing was set @ 5776' (TD) w/ 3005x. Incon + 2% CFR-2. Tested casing w/ 1600 psi for 30 min. Test O.K. After WOC appx 48 hrs. perforated intervals 5627-41, 53, 56-58, 70-74 w/ 215 PF. Acidized w/ 7500 gal 15% NE + Chem. Retarded. Evaluated.

PT. Flow 181 BO + O BW 24 hrs. 15 1/4" CH. TPF 680. GOR 1729.

RECEIVED

DEC 2 1971

O. C. C.
ARTESIA, OFFICE

TD- 5776
PBD- 5725
Comp- 11-25-71

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

SIGNED _____

TITLE AREA SUPERINTENDENT

DATE 11-23-71

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

DEC - 1 1971
R. L. BECKMAN
ACTING DISTRICT ENGINEER