

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: Sec. 4, T-18-S, R-27-E, Unit E
AT TOP PROD. INTERVAL: 1980' FNL X 760' FWL
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-055465(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME
Federal BA Gas Com.

AUG 28 1981

9. WELL NO.

1

O. C. D.

10. FIELD OR WILDCAT NAME

Scoggin Draw Morrow

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

4-18-27

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3601.3 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.)*

Propose to increase production by the following method:

Kill well with 2% KCL water. Pull tubing and packer. Set a cast iron bridge plug at 9530'. Capped with 35' of cement. Perf 9348'-64' and 9460'-68' w/2 JSPF. Run tubing and set packer at 9160'. Attempt to flow well. If won't flow then acidize with 3600 gals. 7-1/2% MS acid containing 1000 SCF N2/bbl. Flush with 2% KCL water. Flow test well.

0+4-USGS, R 1-Hou 1-Susp 1-GPM

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

Greg Mitchell

TITLE Admin. Analyst

DATE

APPROVED

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

AUG 27 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR