₩1++(+++) ~ · · · ·			
Form 9-331	Form Approved. Budget Bureau No. 42–R1424		
Dec. 1973 UN D STATES			
CISE DEPARTMENT OF THE INTERIOR	5. LE. 3.		
DEPARTMENT OF THE INTERIOR	NM-10190		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
<b>1.</b> oil gas well other $J_{AM} \ge 0.1981$	8. FARM OR LEASE NAME Unit Fiel A Com. Greenwood Pregrayburg "Attens 9. WELL NO.		
2. NAME OF OPERATOR	121		
Amoco Production Company $\checkmark$ $\bigcirc$ $\bigcirc$	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Shugart <del>Penn</del> Morrow		
P. O. Box 68 Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.) (ICEOL ENLY IOSOL ENLY INSTEE	35-18-31		
AT SURFACE: (1650' FNL X 1980' FWL, Unit F	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: Sec. 35, T-18-S, R-31-E)	Eddy NM		
AT TOTAL DEPTH:	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
FRACTURE TREAT			
SHOOT OR ACIDIZE			
	NOTE: Report results of multiple completion or zone		
PULL OR ALTER CASING	change on form 9-330.)		
CHANGE ZONES			
ABANDON*	S. S. CO		
(other)	C.T. MEN		
· 2	- Ser Nerv		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and		

Propose to increase production by the following method:

Pull tubing and packer set at 10,900'. Run 5-1/2" cast iron bridge plug and set at approx. 11,300'. Perf 11,054'-11,080' w/4 DPSPF. Run 2-7/8" tubing, packer, and two joints of tailpipe with shear disk. Set packer at 11,000'. If well does not flow, acidize w/4000 gallons 7-1/2% acid and flush with 2% KCL water. Swab well and return to production.

\* Set \$ 50' cmt. on top of CIBP.

Subsurface Safety Valve: Manu. and Ty	p <b>e</b>			Set @	Ft.
18. I hereby certify that the foregoing i signed the foregoing i	s true and correct	t. Adm. Analy	/st <sub>date</sub> 1-2	1-81	, , <u> </u>
<u> </u>	(This space for F	ederal or State office	use)		<u> </u>
APPROVED BY	TITLE		DATE		
0+4-USGS, Roswell	1-Hou	1-Susp	1-GPN	APPRO	VED
	*See Instruc	tions on Reverse Side		JAN 2,2 1	981
	and a second second				