

JAN 27 1981

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 ☐ gas ☒ other ☐
well well

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: (Unit N, 660' FSL X 2310' FWL,
AT TOP PROD. INTERVAL: Sec. 35, T-18-S, R-31-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:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Greenwood Pregrayburg Unit Fed. B Com

9. WELL NO.

10. FIELD OR WILDCAT NAME

Shugart ~~Penn~~ Morrow

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

35-18S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

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

(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 drill out CIBP. Run 5-1/2" cement retainer and set at 11,650'. Squeeze perfs 11,684'-11,708' and 11,764'-11,788' with 200 sacks Class H cement. Perf 11,770'-11,778' with 4/DPSPF. Set packer at 11,735'. Return well to production.

0+4-USGS, Art. 1-Hou 1-GPM 1-Susp

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Lee Mitchell

TITLE Ast. Adm. Analyst

DATE

1-14-81

APPROVED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 19 1981

DISTRICT SUPERVISOR

