	NM OIL CONS. COMMISSION	C/ &'H
	Form 9-331 RECEIVED B	Y 1
	UNITED STATES JAN 26 198	Form Approved. Budget Bureau No. 47-R1424
	UNITED STATES JAN 26 198 DEPARTMENT OF THE INTERIOR	5. LEASE
	GEOLOGICAL SUDVEY	LC-029392 (a)
	ARIESIA, CATA	E 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
	1. oil gas	8. FARM OR LEASE NAME
	well well other	Greenwood Pre-Gb Unit Fed G 9. WELL NO.
	2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	1
	3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
	<u>P. 0. Box 68, Hobbs, NM 88240</u>	Und. Bone Springs
	 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	AT SURFACE: 660' FSL X 2310' FWL	35-18-31
	AT TOP PROD. INTERVAL: (Unit N, SE/4,SW/4) AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE
		Eddy NM 14. API NO.
	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
	REQUEST FOR APPROVAL TO	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3627.8' GR
	FRACTURE TREAT	BURC
• .	SHOOT OR ACIDIZE	UR N
	PULL OR ALTER CASING	(NOTE: Report results of coultiple completion or zone change on Form 9-330.)
	ABANDON•	ຍ ເຊິ່ງ ເຊີ່ອ เป็น เ เ เ เ เ เ เ เ เ เ เ เ เ เ เ เ เ เ เ
	17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di	all pertinent details and opportunity data
	incosting and the vertical depths for all markers and zones pertinen	to this work)*
	Propose to open additional nav in the Bone Sauth	
	hollow carrier casing gun and portonate the per	15'. RIH with 3-1/8"
	RIH with 3 jt. tailpipe, packer, unloader, and tu Land tailpipe at 8100' and set packer	bing to the surface.
· ·	prior to acid job. Acidize the Bono Springe with	to reduce fluid level
		/Temp. survey. Swab to
•	recover load and evaluate production. 0+6-BLM, R 1-HOU- R. E. Ogden, Rm. 21.150 1-F.	
•		J. Nash, Rm.4.206 1-CMH
<i>.</i>	Subsurface Safety Malve: Manu. and Type	Set @ Ft.
	18. I hereby certify that the foregoing is true and correct	
	SIGNED Thacker M. Herring TITLE Admin. Analyst	
	APPROVED (This space for Federal or State offic	DATE2-16-83
-	CONDITIONS OF APPROVAL, IF ANY:	DATE
	JAN 2 5 1994	• •
•	E to the second se	
· •	*See Instructions on Reverse S	4