

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: 1980' FSL X 990' FEL, Sec. 4
AT TOP PROD. INTERVAL: (Unit I, NE/4, SE/4)
AT TOTAL DEPTH:

5. LEASE
NM-13396

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME RECEIVED

8. FARM OR LEASE NAME
Federal CC MAY 13 1981

9. WELL NO.
1 O.C.O.

10. FIELD OR WILDCAT NAME
Und. Morrow ARTESIA, OFFICE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4-19-24

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3262' GL

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

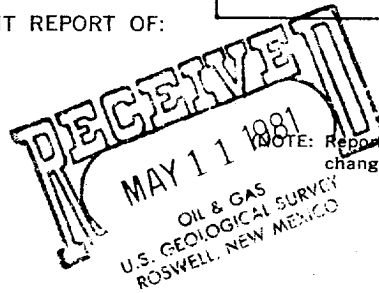
MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:



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.)*

Moved in service unit 3-31-81. Perforated 8510'-8530', 8484'-8496', and 8396-8402' with 2 SPF. Ran tubing and packer and set at 8211' and tailpipe at 8301'. Acidized with 5000 gallons 7-1/2% MS acid with additives. Moved out service unit and flow tested well for 3 days. Shut-in well for evaluation.

0+5-USGS, A 1-Hou 1-Susp 1-GPM 1-W. Stafford, Hou 1-HNG
 1-Read X Stevens 1-Pennzoil 1-Yates, A 1-Abby Corp.
 1-Coquina 1-Perr Gas, O 1-Patrick Petro, M

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

18. I hereby certify that the foregoing is true and correct
SIGNED Heg Mitchell TITLE Admin. Analyst DATE 5-7-81

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

