

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 ☐2. NAME OF OPERATOR  
Amoco Production Company ✓3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL X 1980' FWL, Sec.  
AT TOP PROD. INTERVAL: 28 (Unit F, SW/4, NW/4)  
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-070286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Emperor Oil Co. Fed. Gas Com.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Dos Hermanos 77

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

28-20-30

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

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

3359 RDB

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAR 19 1980

O. C. D.

ARTESIA, OFFICE

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 and rigged up log and perf unit on 10-29-79. Ran Gamma Ray Neutron and collar log. Reperforated through tubing 12,387'-94', 12,377'-83', 12,371'-75', 12,361'-68', 12,342'-52', 12,243'-55', and 12,180'-92'. Moved in service unit 11-3-79. Pulled tubing. Ran tubing and Baker model "D" packer. Ran swab. Moved off service unit 11-9-79. Pressured annulus to 2000#. Acidized with 9000 gallons 7-1/2% MS acid. Flushed with 45 barrels 4% KCL water. Rigged up swab unit. Ran swab. Fluid level 8000' from surface. Swabbed 20 BW in 5 hours. Moved off swab unit 11-20-79. Shut in evaluating recompletion.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE Ast. Adm. Analyst DATE 3-14-80

(This space for Federal or State office use)

(Orig. Sgd.) GEORGE H. STEWART  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

MAR 18 1980

0+4-USGS, A

1-Hou

1-Susp

1-MKE

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 ☐

OCT 19 1979

2. NAME OF OPERATOR  
Amoco Production Company

O. C. C.

3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1980' FNL X 1980' FWL, Sec. 28

AT SURFACE: (Unit F, SE/4 NW/4)

AT TOP PROD. INTERVAL:

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:

RECEIVED

OCT 17 1979

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

(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 reperforating existing Morrow perforations and by perforating additional Morrow Zone. Interval 12,387-12,192 will be reperforated with 2 DJSPF for a total of 116 holes. New interval 12,180-192 will be perforated as above and will be done last. Well will be open to flow and evaluated. Further action depends on result of evaluation.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

*Colleen Cave*

TITLE

Asst. Admin. Analyst

10-16-79

(Orig. Sgd.)

GEORGE H. STEWART

(This space for Federal or State office use)

TITLE

ACTING DISTRICT ENGINEER

OCT 18 1979

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS 1-Hou 1-CC 1-Susp

\*See Instructions on Reverse Side

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-101 and C-11  
Effective 1-1-65

RECEIVED

DEC 19 1978

FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator  
Amoco Production Company ✓

Address  
P.O. Drawer "A", Levelland, Texas 79336

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☒  
Change in Ownership ☐

Other (Please explain)  
From Amoco Production

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Emperor Oil Company Federal Gas Com	Well No. 1	Pool Name, including Formation Dos Hermanos Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. LC-070286
Location Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 28 Township 20-S Range 30-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation (trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Amoco Production Co.	Address (Give address to which approved copy of this form is to be sent) Box 68, Hobbs, N.M. 88240 Box 1658, Carlsbad, N.M. 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 1 20 20 30
Is gas actually connected? When	yes

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Full Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Kenis E. ...*  
(Signature)

Assistant Administrative Analyst

December 14, 1978

(Date)

OIL CONSERVATION COMMISSION

DEC 20 1978

APPROVED

BY

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the production taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.