

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

NOV 20 1979

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

ARTESIA OFFICE

9 Greenway Pl., Ste. 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit Letter C 660 FNL & 1980 FWL
AT TOP PROD. INTERVAL: same as surface
AT TOTAL DEPTH: same as surface

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 COMPLET: ☐
CHANGE ZONES ☐
ABANDON* ☐
(other)

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

NOV 19 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.)*

- 1) Rig up Christmas Tree Isolation tool.
- 2) Acidize Morrow (11,193-11,410) w/ 65 quality foamed acid @ bottom treating pressure of 4400 psi as follows:
 - a) Spearhead w/ 30,000 ScFN
 - b) Inject 4000 gal acid (7.5% HCl) @ 2 BPM Nitrogen @ 5600 ScF/min. Not to exceed 7000 psi surface treating pressure.
 - c) Use up to 300 RCNB to obtain selectivity.
- 3) Flush tubing w/ Nitrogen @ 5600-10,000 ScF/min.
- 4) Attempt to flowback.
- 5) If necessary, swab well in w/swabbing unit.

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

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

SIGNED Rickie Jay TITLE Authorized Agent DATE 11/12/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____