NN OIL CONS. COMMISSION Drawer DD Artesia, NN Score

Form 9-331	
Form 9-331 052 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-9545
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBRECEIVED
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 JUL 0 6 1983
	8. FARM OR LEASE NAME Federal "AA" O. C. D.
1. oil gas well well & other	9. WELL NO. ARTEGIA, OFFICE
2. NAME OF OPERATOR	<u>1</u>
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Happy Valley Morrow
P. 0. Box 68, Hobbs, NM 88240	_ 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	17-22-26
AT SURFACE: 1980' FNL X FWL, Unit E AT TOP PROD. INTERVAL: Sec. 17, T-22-S, R-26-E	12. COUNTY OR PARISH 13. STATE Eddy NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3650.8' GL
TEST WATER SHUT-OFF	
	DECERT
SHOOT OR ACIDIZE	(NOTE: REPORTER IIS of multiple to material an anne
PULL OR ALTER CASING	charge on Form 9–330.)
CHANGE ZONES	MAR 1 4 1983
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta	OIL & GAS
including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled by the supervised of the s
Moved in service unit 12-13-82. Perforated 1109 Flow tested for 192 hr. and flowed 4 BC and 1830 MSR 100 with additives. Swabbed. Tagged wireli	MCF. Acidized with 3000 gal $7-\frac{1}{2}$ %
but unable to fish wireline. Removed tree and i	nstalled blowout preventer. Pulled
tubing, sand line, packer, and tailpipe. Ran 2-	
Set the packer at 10984', landing tailpipe at 11	
60 BLW, 7 BNW, and 102 BW with a slight show of	
ice to be removed from line. Flow tested 264 hr 24 hr. well flowed 167 MCFD. Returned well to p	
24 mr. well flowed 167 MCFD. Recurried well to p	roduction.
0+4-BLM,R 1-NMOCD,A 1-HOU 1-W.Stafford,	HOU 1-SUSP 1-CLF
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Cathy C. Jarman TITLE Ast. Adm. An	alyst date 3-10-83
(This space for Federal or State o	
APPROVED BY TITLE	
CONDITIONS OF APPROVAL, IF ANY:	

*See Instructions on Reverse Side

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