

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. Drawer "A", Levelland, TX 79336

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FSL & 1980' FWL, Sec. 7,  
AT TOP PROD. INTERVAL: (Unit K, NE/4, SW/4)  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM-0476368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Heeren Fed Gas Com

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Und. Black River Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
7-24-27

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3246 RDB

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☒

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON\* ☐ ☐

(other) ☐ ☐

RECEIVED

APR - 5 1979

O. C. C.  
ARTEBIA, OFFICE

(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 3/19/79. Set cast iron bridge plug at 5120'. Ran tubing and set at 2930'. Spot small amount of 7 1/2% CLA acid. Pulled tubing. Ran perf gun. Perforated 2892'-2914' using 2 JSPE. Set packer at 2765' and set tailpipe at 2885'. Acidized with 2500 gal 7 1/2% CLA acid. Set tubing at 3952'. Ran rods and pump. Released service unit 3/23/79. Currently pump testing well.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE March 30, 1979

(This space for Federal or State office use)  
APPROVED BY Victor I. Lara ACTING DISTRICT ENGINEER DATE APR 4 1979  
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS, A  
1-Hou  
1-RWA  
1-Susp