Form 9-331	Y - Form Approved.
Dec. 1973	Budget Bureau No. 42-R1424
UNITED TATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	 5. LEASE <u>NM-0415461</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plue back to a different reservoir. Use Form 9-331-C for such proposed to the second se	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. cil	Old Indian Draw Unit
well gas	9. WELL NO.
well other 2. NAME OF OPERATOR JUN 4	3
Amoco Production Company 3. ADDRESS OF OPERATOR P.O. Box 68 Hobbs, ATTESIA NEW MEXICO 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	 FIELD OR WILDCAT NAME Indian Draw - Delaware sec., t., r., M., or BLK. AND SURVEY OR AREA
below.)	19-22-28
At surface: (Unit B, NW/4, NE/4) Sec. 19	12. COUNTY OR PARISH 13. STATE
At top prod. Interval: 660' FNL X 1980' FEL	Eddy NM
At total depth:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA	3073.7
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	(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 rneasured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in service unit 5-21-80. Ran tailpipe and packer. Tailpipe set at 3185' and packer set at 3154'. Ran base log and acidized down tubing with 2000 gallons 12% HCL, 3% HF acid with additives, and 1000 gallons 20% NH4 CL. Flushed with 15 bbls. 3% KCL X trace acid with radioactive material. Ran gamma ray tracer log. Swabbed well. Ran pumping equipment and returned well to production. Production after worko RECEIVED hours was 3 BO and 52 BW.

> JUN 9 1980

O. C. D. ARTESIA, OFFICE ____ Set @ Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Ast. Ad. Analyst DATE 6-3-80 NX SIGNED (This space for Federal or State office use) TITLE (Orig. Sgd.) GLOMGE H. TIFWARD vikoviki j vi tali ž Francia APPROVED BY DATE CONDITIONS OF APPROVAL, IF ANY: 0+4-USGS, A 1-MKE 1-Hou 1-Susp

*See Instructions on Reverse Side

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