

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON NEW 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 ☐ JUN 06 1983

2. NAME OF OPERATOR
Amoco Production Company O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
100' N 120' E
AT SURFACE: 330' FSLX 330' FWL, Sec. 18
AT TOP PROD. INTERVAL: T-22-S, R-28-E, Unit 1
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:

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RECEIVED

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

MAY 31 1983

OIL & GAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. ~~ROSWELL, NEW MEXICO~~ If a well is drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to acidize and pump as follows:

Rig up service unit and pull up 2-3/8" tubing. Run in hole with RBP, retrieving head, seating nipple and packer for 5-1/2" 14# casing with unloader and 2-3/8" tubing. Set RBP at 3290±. Pull up and set packer at 3220'±. Acidize perfs (3255-3260', 3264'-3270') with 1000 gals 15% NE-HCL acid containing 1 gal/1000 corrosion inhibitor and 3 gal/1000 iron agent at a max of 1.5 BPM, 1500 PSI as follows:

- Open unloader and displace tubing with acid.
- Close unloader and pump remaining acid.
- Flush acid to perfs with produced water.

Swab to recover load. Obtain water samples. Run rods and pump following evaluation. Move out service unit and pump test to evaluate production.

O+5-BLM, R 1-HOU F. J. Nash 1-SUSP 1-PJS

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

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

SIGNED Peter W. Chester TITLE Ast. Adm. Analyst DATE 5-26-83

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____
(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

JUN 1 1983