

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, New Mexico 88240

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

1001' N 2337' E
AT SURFACE: 330' FSL X 330' FWL, Sec. 18
AT TOP PROD. INTERVAL: T-22-S, R-28-E, Unit 1
AT TOTAL DEPTH: B

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

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) ☐

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5. LEASE
NM-0415688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Old Indian Draw Unit

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
Old Indian Draw - 02100000

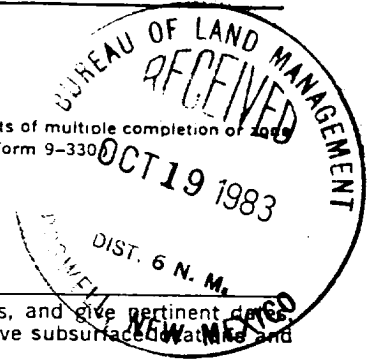
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-22-28

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3082' GL

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



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

Moved in service unit 6-20-83. Pulled tubing and ran RBP, retrieving head and packer. RBP set at 3287' and packer at 3214'. Acidized with 1000 gal 15% NE HCL and additives. Unset packer and set at 3208'. Run rods and pump. Moved out service unit 6-24-83. Installed pumping equipment and pumped 95 BO, 437 BW, 31 BLW, 30 bbl new water and 0 MCF in 264 hours. Last 24 hours pumped 7 BO, 23 BW and 0 MCF. Returned to production.

0+4-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm 4.206 1-PJS
1-NMOCD,A

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

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

SIGNED Peter J. Lewis TITLE Ast. Adm. Analyst DATE 10-13-83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 19 1983