

CONFIDENTIAL

88210

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.)

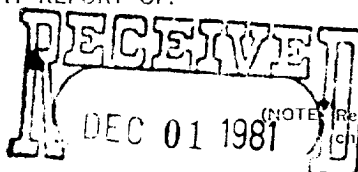
1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL X 2600' FEL, Sec. 17
AT TOP PROD. INTERVAL: (Unit B, NW/4, NE/4)
AT TOTAL DEPTH:
16. 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:

☐
☐
☐
☐
☐
☐
☒
☐



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM 28636
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal BL DEC 8 1981
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
17-23-24
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30 015 23782
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4239 RDB

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.)*

Propose to abandon currently perforated Morrow intervals and test the Atoka. Set CIBP at 10400'. Test to 1000 lbs and cap with 35' of cement. Perforate Atoka interval 9996'-10002' with 4 JSPF. Test productivity. If well will not flow acidize with 1000 gallons 7-1/2% MS containing 1000 SCF N2 per barrel. Flush with 40 barrels of 2% KCL brine water and flow test.

0+4-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

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

SIGNED **APPROVED** TITLE Ast. Adm. Analyst DATE 11-25-81
(This space for Federal or State office use)
APPROVED BY **DEC 2 1981** TITLE DATE
JAMES A. GILLHAM
DISTRICT SUPERVISOR