	DD DD Budget Bureau No. 42-R1424
DEPARTMENT OF THERMSDERIDIRCE	5. LEASE
GEOLOGICAL SURVEY	NM-19612 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 plug back to a different reservoir, Use Form 9-331-C for such proposals.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Federal BF Com
well well well other	9. WELL NO.
2. NAME OF OPERATOR	1
Amoco Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Wildcat Wolfcamp
 P. 0. Box 68, Hobbs New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
AT SURFACE: 1650' ENI X 1980' EWI	29-26-30
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/4) AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE Eddy NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 2959.7' GL
TEST WATER SHUT-OFF	(NOTE: Report es Its of multiple completion or zone change Form 9-330.) 2 7 1983 & GAS

including estimated date of starting any proposed work. If well is directionany crilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in service unit 5-17-83 and ran base gamma ray temp. log from 11,300' to ... 12,300'. Frac down tubing with 32,970 gal 40# gel and 52,000# 20/40 sand. Tagged with RA material. Well screened out with 4# per gal sand. Unable to flush tubing. Shut-in well for 3 hrs. Opened well and sand cut out choke and riser. Shut-in for 4 hrs. to replace equipment. Opened well and sand cut out riser. Shut-in to replace riser. Flowed 3 hrs and well quit making sand. Flowed 10 hrs with 10' flare and heavy spray of water on 20/64 choke. Closed choke to 14/64" with 15' flare and light spray of water. Moved out service unit 5-20-83 and began hooking up test equipment. Currently, beginning flow test.

O+6-BLM, R 1-HOU 1-FJ. Nash, HOU 1-CMH	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
signed harles m. Alerring TITLE Ast. Adm. Analyst DATE	5-24-83
APPROVED BY TITLE DAT	18 MP
	JUL 1 4 1983

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