

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 ☐
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.)
AT SURFACE: 1980' FSL X 1980' FEL, Unit J
AT TOP PROD. INTERVAL: NW/4, SE/4
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) status update	

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.)*

Last stabilized flow rate was 1 BO, 17 BW, and 161 MCFD in 24 hours on 2-1-83.
Ran 4-point back pressure test 8-24-83 with results as follows:

Rate 1: Flow 669 MCFD with tubing pressure flowing 6860 psi on 6/64" choke.
Rate 2: Flow 930 MCFD with tubing pressure flowing 5210 psi on 8/64" choke.
Rate 3: Flow 1307 MCFD with tubing pressure flowing 3395 psi on 9/64" choke.
Rate 4: Flow 1528 MCFD with tubing pressure flowing 2272 psi on 10/64" choke.

Recovered 4 BC in 4 hours. CAOF 1615 MCFD. Well is currently shut-in.
0+5-BLM, R 1-R.E. Ogden, HOU 1-F.J. Nash, HOU 1-CLF

Subsurface Safety Valve: Manu. and Type

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

SIGNED Cathy L. Gorman TITLE Ast. Adm. Analyst DATE 9-19-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

5. LEASE
NM-16131
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal DB
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-25-31
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3348' GL

RECEIVED BY

SEP 29 1983

O. C. D.

ARTESIA, OFFICE

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

ACCEPTED FOR RECORD

SEP 28 1983