N. M. CIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form Approved.

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM-0450847 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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME Federal "A"
1. oil gas well well other	9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	5 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240	Bough Devonian 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) 0101 FCL V 10001 FWL Unit N	
AT SURFACE: 810 FSL A 1980 FWL, OFFC A AT TOP PROD. INTERVAL: Sec. 13,T-9-S, R-35-E	12. COUNTY OR PARISH 13. STATE Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	4109' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
(other) convert to injection	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and nt to this work.)*
Propose to convert well to injection as follo and circ. well clean. Run 2-7/8" plastic-coa and set the packer. Pressure test casing. A gal 15% NE HCL containing 1 gal/1000 corrosic Iodine 131. Flush stages 1 and 2 with bring water. Separate acid with 900 gal gelled bu and 200# 100 mesh salt. Prepare well head fo	ated tubing and packer to apx, 11900' Acidize in 3 equal stages with 3000 on inhbitor and tagged with radioactive e water. Flush stage 3 with fresh rine containing 900# graded rock salt
0+4-BLM, R 1-NMOCD,H 1-HOU 1-SUSP 1-CL	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Cathy S. Forman TITLE Ast. Adm. An.	alyst 1-20-83
(Orig. Sgd.) PETER W. CHESTER TILE	ffice use)
CONDITIONS OF APPROVAL, IF ANY:	23
JAN 25 1983	TE JAN 24 1983
FOR JAMES A. GILLHAM DISTRICT SUPERVIGOR ^{® See} Instructions on Reverse	DIL & GAS Side MINERALS MGMT. SERVICE

OIL & GAS MINERALS MGMT. SERVICE **ROSWELL, NEW MEXICO**

Form 9-331