

## N. M. OIL CONS. COMMISSION

P. O. BOX 1983

Rt. 33, NEW MEXICO 88240

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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: 1650.5' FNL X 330' FWL, Unit E  
AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E  
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:

☐  
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RECEIVED

JAN 18 1983

OIL &amp; GAS

MINERALS MGMT. SERVICE

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is only partially drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Moved in service unit 6-20-82. Tagged plug back TD at 4770'. Perforated intervals 4662'-96' with 2 SPF. Set a retrievable bridge plug at 4712' and a packer at 4577'. Pumped 1500 gal 15% LSTNE HCL acid with additives. Flushed with 19 BLW. Pulled the packer and retrievable bridge plug. Pumped 30 bbl. 10# brine and flowed casing to frac tank. Ran 2-3/8" tubing and seating to 4757'. Ran rods and pump. Moved out service unit 6-21-82. Installed pumping equipment. Pump tested for 120 hrs. and pumped 2002 BW. Pumped 503 BW in last 24 hrs. Well shut-in 6-27-82. Ran 24 hr. test on 9-29-82 and well pumped 7 B0, 469 BW, and 7 MCFD. Returned well to production.

0+4-BLM,R

1-HOU

1-SJSP

1-CLF

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Cathy L. Forman TITLE Ast. Adm. Analyst DATE 1-13-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 12 1983

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO