Form 9–331	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM-0177517
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME Cato "B" Federal
1. oil gas other	9. WELL NO.
AMOCO PRODUCTION COMPANY	10. FIELD OR WILDCAT NAME Cato- San Andres
3. ADDRESS OF OPERATOR P.O. Drawer "A" Levelland, TX 79336	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	23-0-30
AT SURFACE: 660'FNL,660'FWL,Sec.23,(Unit D, AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH Chaves IM 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4179 RDB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	10 gs
TEST WATER SHUT-OFF	Control of the contro
SHOOT OR ACIDIZE X	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	Such the second of the set of the second of
CHANGE ZONES	Section 19
(other)	्र स् रीतिक से प्रतिस् <u>वित्र के</u>
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 increase production by the following procedure. Perforate San Andres 3524'-3552'. Run tubing and packer. Acidize perfs with 2700 gal. 20% LSTNE acid. Set a ret. bridge plug at 3570'. Reset packer at 3490'. Acidize with 2700 gal 20% Set a ret. bridge plug at 3570'. Reset packer at 3490'.	
LSTNE acid. Retrieve bridge plug. Return well to production.	
	కోనికట్టు కే ప్రశ్నీ మన్నప్పు మీ ప్రశ్నీ
·	$rac{1}{2} rac{oldsymbol{G}}{2} rac{ol$
	A SECTION OF STREET
	Set @
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct Asst. Admn.	Analyst 10-24-78
SIGNED Xmm (Wem)	DATE
(This space for Federal or State office use) OCT 3 0 1978	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY	
0+4 - USGS-A 1 - REG	
1 - SUSP 1 - DE *See Instructions on Rever	se Side

RECEIVED

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C. C. C.

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