Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: NM- 01135

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: PLAINS UNIT Federal

2. NAME OF OPERATOR: Amoco Production Company

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

9. WELL NO.: 9

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

1980' FNL x 1980' FWL Sec. 33 (Unit F, SE/4 NW/4)

10. FIELD AND POOL, OR WILDCAT: LUSK DELAWABE-OIL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 33-19-32 NM PM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3553' R.D.B.

12. COUNTY OR PARISH: LEA

13. STATE: N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[X]	CHANGE PLANS	[ ]	(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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.)*

In an effort to shut-off water and restore to oil production propose to squeeze perforations 4828-36' w/ 100 Sx Incor + ½ #/Sx Tuf Plug in last 50 Sx.
Perforate 4790'-4800' w/ 2 JSPF.
acidize w/ 1000 gal 15% LSTNE mud acid.
Swab and evaluate.

TD - 5150'.
PBD - 5010'
4½" CSA 5150'

TEST- 9-6-72 PMP 080+ 141 BW 24 hr.

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 10-20-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ABDR
OCT 24 1972

O+G - USGS-H
1- DIV
1- SUSP
1- RRY

*See Instructions on Reverse Side