Form 9-331

Form A	pproved.	
Budget	Bureau No	. 42-R1424

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 077002 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SONVET	
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
1. oil gas well other	Nellis Federal A Gas Com. 9. WELL NO.
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Amoco Production Company 3. ADDRESS OF OPERATOR	Und. Bone Springs
P. 0, Box 68, Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 8-19-33
below.) 1980' FNL & 660' FWL, Sec. 8	12. COUNTY OR PARISH 13. STATE
AT SURFACE: (Unit E, SW/4 NW/4) AT TOP PROD. INTERVAL:	Lea New Mexico
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)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3667.8 GL
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE MA	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-339)
MULTIPLE COMPLETE	SEI SURVE
CHANGE ZONES XX	GEOLOGICA MEXICO
(other)	U. S. GEOLOGICAL SURVEY U. S. HOBBS, NEW MEXICO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	te all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and
Request permission to recomplete to the Bone	
procedure: Pull 2-3/8" tubing and packer.	Run a cast iron bridge plug and
set at 13,150'. Cap with 35' cement. Run co	
10,328'-10,346' and 10,354'-10,364' with 2 J	
and tailpipe to 10,365'. Spot 200 gal. 20%	
10,150' and tailpipe at 10,210'. Acidize wi	th 4410 gals. 20% DS-30 with
25# XR2/1000 gals. 5# FR-16/1000 gal. and 2 Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE Admin. Super (This space for Federal or State of	Visor DATE 9-20-79 OVED
	0 5 131 3/ 11/4
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	
0+4-USGS, H 1-BD 1-Superior 1-Hou 1-Cono	co 1-Susp
	LaTINGUIS.

*See Instructions on Reverse Side