

COPY TO O. C. G.

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 ☐ gas ☒ other ☐
well well2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FNL X 1980' FWL, Sec. 8
AT SURFACE (Unit 8, SW/4, NE/4)
AT TOP PROD. INTERVAL:
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) TEMPORARY ABANDON

SUBSEQUENT REPORT OF:

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

Moved in service unit 12/10/79. Pulled tubing. Perforated 13,268'-13,284' and 13,284' and 13,481-13,488' with 4 JSPF. Ran packer and tubing. Set packer at 13,124'. Pulled blanking plug and dropped bar. No gas to surface. Acidized with 5500 gallons 7-1/2% MS, additives, and 1000 SCF per bbl. Separated each stage with 150# rock salt in gel. Flushed with 60 bbls. 4% KCL. Swab tested well. Well non productive. Well shut in.

APPROVED

APR 14 1980

ACTING DISTRICT ENGINEER

FOR PERIOD NOT TO EXCEED 1 Yr.
JHK

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Marty Roberts TITLE Asst. Admin. Anal. DATE 4/9/80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

0 + 4 USGS-A 1-Hou, 1-Susp 1-MKE 1-Superior, 1-Conoco

*See Instructions on Reverse Side