m 9–331	Budget Bureau No. 42-K1424
UNITED STATES	5. LEASE, 40
DEPARTMENT OF THE INTERIOR	5. LEASE NM-000549
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND TREE OF THE BOOK TO BE SUNDRY NOTICES.	8. FARM OR LEASE NAME
servoir. Use Form 9–331–C for such proposais.)	Dunn Federal Com
1. oil gas 🕅 other	9. WELL NO.
well well other	2
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Amoco Production Company	Buffalo Penn Morrow
3. ADDRESS OF OPERATOR New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P. O. Box 68, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 9-19-33
4. LOCATION OF WELL (REPORT LOCATION SELECTION)	
below.) AT SURFACE: 1780' FNL X 2180' FWL, Unit F	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Sec. 9, 1-13 0, 11 0	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REPORT, OR OTHER DATA	3691,3' GL
PEOUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3031.3 42
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report control of multiple completion or zone
REPAIR WELL 니 닉	change on Form 9–330.)
PULL OR ALTER CASING	FA PA PA
MULTIPLE COMPLETE	APR 6 1983
ABANDON*	Pig 20 Com
(other)	MINICOALC
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stations and proposed work. If well is	ate all pertinent details, and give pertinent dates,
including estimated date of starting any property	ent to this work.)*
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly standard including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting	2 4 93 Propose to open additional
Subject brief replaces previous brief dated	vc. 10# brine Drop Van Guns from
pay in the Morrow Zone. Kill well with 2%	ch proceure lubricator. Perforate
mechanical tubing release sub. Install	in the collapse of necessary. If
interval 13328'-13345' with 4 JSPF. Flow well-will not flow acidize down tubing wit	h 1700 gals of 7-1/2% MS acid with 10
well-will not flow acidize down tubing wit SCF of N2/barrel of acid. Flush to perfs	with 55 barrels 2% KCL brine with
SCF of N2/barrel of acid. Flush to perts 1000 SCF Nitrogen2/bbl. Flow test well an	d swab if necessary. Return well to
1000 SCF Microdelizable from the	
production.	
0+4-BLM, R 1-NMOCD, H 1-HOU 1-F. J. N	ash 1-SUSP 1-PJS
UTHTDLITS IN THIOSOSTI TO THE	in the second of
\cdot	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	nalvst 3-29-83
SIGNED LILA SUNCE TITLE AST. Adm. Ar	DATE
A B D D D D Cor Federal or State	
College W. Carrier	DATE
APPROVED BY Sg., Elizabeth Title	DAIL
CONDITIONS OF APPROVAL, IF ANY:	

ř. "."

7 1983

APR