

N. M. OIL CONS. COMMISSION

P. O. BOX 1020

HOBBS, NEW MEXICO 88240

UNITED 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 ☐
well well other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL X 1980' FWL, Sec. 26
AT TOP PROD. INTERVAL: (SE/4, SW/4, Unit N)
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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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 squeeze existing perfs and re-perforate uphole to reduce water production as follows:

Move in service unit. Load well with brine water. Pull rods, pump, tubing, and anchor. Run in hole with drillable cement retainer and set at 3250'. Squeeze Yates perfs 3346'-64' with 100 sacks class C cement with 2% CACL2 and .3% Halad 4. WOC. Drill out cement to 3395'. Test squeeze to 1000 psi maximum. Run in hole with casing gun and perforate Yates intervals 3322'-32' and 3336'-44' with 2 JSPF. Run in hole with tubing, packer, and 1 joint of tailpipe. Land tailpipe at 3270'. Set packer at 3240'. Swab test and evaluate production. Acidize Yates with 850 gallons of 15% NE HCL tagged with radioactive material. Swab test and evaluate production. Return well to production.

0+6-MMS, R 1-HOU 1-W. Stafford, HOU 1-DMF Set @ _____ Ft.
Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 11-9-82

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. GILLHAM TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 22 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE

NM-030941

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bate Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
East Gem Yates

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-19-33

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3606 RDB

RECEIVED
NOV 12 1982

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL & GAS
MINERAL SERVICE
ROSWELL, NEW MEXICO

RECEIVED
NOV 23 1982
HOUSE OFFICE