

COPY TO O. C. C.

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 well ☐ gas well ☒ other

2. NAME OF OPERATOR  
Amoco Production Company

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FNL x 1980' FNL, Sec. 18  
AT SURFACE: (Unit B, NW/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) ☐

SUBSEQUENT REPORT

☐  
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RECEIVED

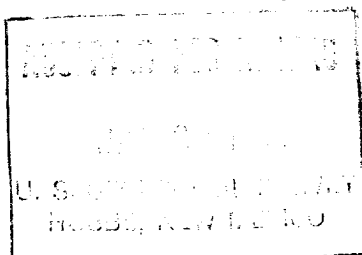
JAN 22 1980

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
LC-064790  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal AC  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
West Tonto Penn  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
18-19-33  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3644.3 GR

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 12-27-79. Tested casing with 1000# for 30 min. Test OK.  
Spot 150 gal 10% acetic acid at 13345'. Ran tubing, packer, and tailpipe. Packer set at 12936'. Tailpipe at 13000'. Perforated thru tubing 13315'-13342' with 2 JSPF. Currently swab testing.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Bob Davis TITLE Assist. Admin. Ana. DATE 1-18-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H, 1-Hou, 1-Susp, 1-BD, 1-Hudson & Hudson