Form 9-331 N. M. M. CHI CONS. COMMISSIO	Form Approved. Budget Bureau No. 42–R1424		
UNITED STATES	LEASE		
DEPARTMENT OF THE THE OR	NM-34850		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
(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.)	8. FARM OR LEASE NAME		
	Federal BU		
1. oil gas W other	9. WELL NO.		
2. NAME OF OPERATOR	1-Y		
Amoco Production Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	East Gem Wolfcamp		
P. O. 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		
below.) AT SUBFACE: 1980' FSL X 1905' FEL, Sec. 27	27-19-33		
AT SURFACE: 1980 FSL & 1905 FEL, Sec. 27 AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/4)	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	LeaNM		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	3585.7 GL 15. ELEVATIONS (SHOW DF, KDB, AND WD)		
Report, on other pain.	15. ELEVATIONS (SHOW DF, KDB, AND WD		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	()()(2)()()()()()()()()()()()()()()()()		
FRACTURE TREAT			
REPAIR WELL	(MOTEF Report results of multiple completion or zon		
PULL OR ALTER CASING $\square$	change on Form 9–330.)		
MULTIPLE COMPLETE			
CHANGE ZONES	(AS) (S) ettp/m/		
ABANDON*	MERONALI		
(other) KOSW222, And			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and		

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On 7-21-81 perforated at 12150'-12176' with 2 DPJSPF. Acidized with 150 gal. HCL, 2000 gal. 30# Gel with N2 and 2500 gal. of HCL with N2. Flushed with N2 and additives. Currently swab testing.

O+4-USGS, H	1-Hou	1-Susp	1-W. Stafford, Ho	u 1-MDR	
Subsurface Safety Vaive	: Manu. and Typ	e		Set @	Ft
18. I hereby certify that SIGNED ROGER A.	the foregoing is FOR RECOVED CHAPMAN		st. Adm. Analyst DATE	8-10-81	
		(This space fo	r Federal or State office use)		
APPROVED BY AUG 1 CONDITIONS OF APPROVA	2 1981	TITLE	DAT	Έ	
U.S. GEOLOG ROSWELL, N					

\*See Instructions on Reverse Side