

N. M. S. ...  
P. O. BOX ...  
HOBBS, NEW MEXICO 8824

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 ☐ other ☐  
well well

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.)  
AT SURFACE: 1980' FSL X 1980' FWL, Unit K  
AT TOP PROD. INTERVAL: Sec. 11, T-18-S, R-32-E  
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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

5. LEASE  
NM-~~17235~~ 40452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal BS

9. WELL NO.  
1

10. FIELD OR WILDCAT NAME  
Und. Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
11-18-32

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

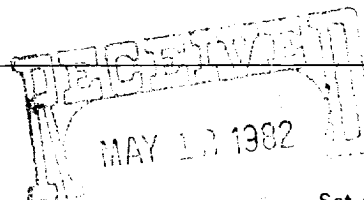
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3867.8' RDB

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

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 acidize and perforate additional pay as follows: Kill well with clean brine water. Pull pump, rods, tubing, and anchor. Run gamma ray collar log 7050'-5050'. Run 2-3/8" tubing and packer. Set packer at approx. 6500'. Run pump-in tracer survey using brine water with Iodine 131. A supplemental report will follow to either perforate and re-acidize or to squeeze, re-perforate and acidize pending result of tracer.

0+4-USGS, R 1-HOU 1-SUSP 1-CLF



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

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

SIGNED Cathy L. Jordan TITLE Ast. Adm. Analyst DATE 5-10-82

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 12 1982

FOR  
JAMES A. GILHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side