

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.)
AT SURFACE: 1980' FSL X 1980' FWL, Sec. 11
AT TOP PROD. INTERVAL: (Unit K, NE/4, SW/4)
AT TOTAL DEPTH:

5. LEASE
NM 40452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal BS Gas Com.

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

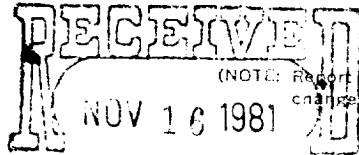
12. COUNTY OR PARISH | 13. STATE
Lea | NM

14. API NO.
30 025 27430

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

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 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)	<input type="checkbox"/>		<input type="checkbox"/>



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

R CIBP set at 9250'. Tested to 1000 psi. Tested OK. Test tubing and packer. Packer set at 8629' and tailpipe landed at 8721'. Perfed Bone Springs intervals 8830'-70', 8973-84', and 9092-98' with 2 JSPF. Swabbed from 10-29-81 to 11-06-81. Recovered 0 BO, 196 BW, and 0 MCF gas. Acidized with 2000 gallons 15% HCL. Treating pressure 2800 PSI. Currently swab testing.

0+4-USGS, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED RONALD A. CHAPMAN TITLE Ast. Adm. Analyst DATE 11-11-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
**U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO**