

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' FNL X 1980' FWL, Sec. 7
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 OF:

☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
NM-40450

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal CS

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-18-32

12. COUNTY OR PARISH: 13. STATE
Lea NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3786.3 GL

(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.)*

Flow test 24 hours. Recovered 6 BO. Acidized Bone Springs interval 8256'-94' with 9000 gallons Mini Max 3. Reset packer at 8046. Swab tested 11 hours. No recoveries. Currently evaluating.

0+6-USGS,R 1-HOU 1-DMF 1-W. STAFFORD 1-BELCO 1-GALAXY

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

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 6-30-82

APPROVED BY (ORIG. SGD.) DAVID R. GLASS (This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY: TITLE _____ DATE _____

OCT 18 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side