

N. M. OIL & GAS COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well well other

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL X 1980' FEL, Sec. 14

AT TOP PROD. INTERVAL: (Unit B, NW/4, NE/4)

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE

NM- 40452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal BY

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat Wolfcamp

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

14-18-32

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3825 GL

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

OIL & GAS
MINERALS RIGHT. SERVICE
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.)*

Propose to acidize Wolfcamp interval 10598'- 10606' as follows:

Pump 5000 gallons 40# gelled brine water and 5000 gallons 20% NEFE-HCL.
Flush with 5000 gallons brine water. Swab and flow test well.

O+6-MMS, R 1-Hou. 1-Dmf 1-W. Stafford, Hou

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

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

SIGNED Mark A. Swann TITLE Asst. Admin. Analyst DATE 11-12-82

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD (This space for Federal or State office use)
(OFF. SGD.) DAVID R. GLASS

NOV 16 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

NOV 17 1982

C.C.B.
HOLDS OFFICE