

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, 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 <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 checked="" type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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 Strawn
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 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.)*

Moved in service unit 8-13-82. Loaded tubing with 40 barrels of 2% KCL brine water. Ran CIBP set at 13,150'. Tested to 500 PSI. Tested O.K. Capped with 35' of cement. Perforated Strawn intervals 12,334'-54' with 2 JSPF. Ran 1 joint 2-7/8" tailpipe, seating nipple, and packer with 2-7/8" tubing. Packer set at 12,147'. Swab tested 22 hours. Recovered 153 barrels of load water. Acidized with 4000 gallons 10% MS acid. Flushed with 75 barrels 2% KCL water. Swabbed 14 hours. Recovered 150 barrels of load water. Moved out service unit 8-23-82. Ran bottom hole pressure bombs 9-2-82. Pulled 9-3-82. Shut well in. Moved in service unit 9-10-82. Swab tested 16 hrs. Recovered 10 barrels of condensate and 90 barrels of water. Moved out service unit 9-13-82. Currently shut-in evaluating.

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 9-28-82

ACCEPTED FOR RECORD (This space for Federal or State office use)
PETER W. CHESTER
SEP 29 1983
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: