

Form 9-331
Dec. 1973UNITED 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 ☐ other2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL X 660' FEL
AT TOP PROD. INTERVAL: (Unit A, NE/4, NE/4)
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-16350

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal CO

9. WELL NO.

1

10. FIELD OR WILDCAT NAME
Und. Yates11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-18-3212. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3751.4 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.)*

Propose to abandon the Queen interval 3702'-3728' and test the Yates interval 2550'-2565' as follows:

Move in service unit, kill well, and pull rods, pump, and tubing. Run in hole with CIBP and set at 3560'. Cap with 35' of cement. Perforate Yates interval 2550'-65' with 4 JSPF. Run seating nipple, 2 jts. 2-3/8" tailpipe, packer and 2-3/8" tubing. Set packer at 2400'. Spot 3 barrels 15% NEFE HCL across interval 2500'-2600'. Acidize with 2500 gallons 15% NEFE HCL. Flush to perfs with 15 barrels brine water. SI well for 15 minutes. Swab and recover load. Swab and pump test well.

0+6-BLM, 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 L. Luman TITLE Ast. Adm. Analyst DATE 1-20-83APPROVED BY (ORIG. SGD.) DAVID R. GLASS DATE _____APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 24 1983

JAMES A. GILHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

JAN 21 1983
OIL & GAS
DISTRICT MGMT. SERVICE
ROSWELL, NEW MEXICO