

**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. Drawer "A", Levelland, TX 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 840' FNL & 2,080' FEL, Section 24  
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:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Perf and acid ☒

## SUBSEQUENT REPORT OF:

- ☐  
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(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 12-30-78. Perforated 5-1/2" casing at 4,020-42' and 4,047-54' w/2 JSPF. Ran 2-3/8" tubing to 4,055'. Packer set at 3,930'. Spotted 1,500 gallons 15% NE acid, plus additives and 62 ball sealers across perforations. Raised packer to 3,800'. Tailpipe set at 3,920'. Acidized formation with 1,500 gallons 15% NE acid. Flushed with 18-1/2 BFW. Swab tested well. Set packer at 3,723'. Tailpipe set at 3,844'. Spotted 100 gallons acid across perforations. Acidized with 1,500 gallons 15% HCL acid with 2 ball sealers/barrel acid. Swab testing well.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ray Cox TITLE Admin. Supv. DATE 1-19-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H  
1-Houston  
1-Susp.  
1-DE

\*See Instructions on Reverse Side

**ACCEPTED FOR RECORD**

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