

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FNL & 1650' FEL, Sec. 27

AT SURFACE: (Unit G, SW/4 NE/4)

AT TOP PROD. INTERVAL:

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-10601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Y Com

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

WC Morrow

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

27-20-23 33

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3623.2 GR

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

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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 6-15-79. Ran 1 9/16" thru tubing gun. Perf 4 1/2" Liner 13622'-13625', 13630'-13634', 13640'-13644', 13646'-13650', 13693'-13695', 13702'-13706', 13720'-13728', with 4 JSPF. Acidized perfs 13622'-13854' with 6000 gal 7 1/2% MSR-100 acid and 1000 SCF nitrogen per bbl. Dropped 142 ball sealers. Flushed with 54 bbl 3% KCL water and 1000 SCF nitrogen per bbl. Currently swab testing well.

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

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

SIGNED Kay Cox TITLE Admin. Supv. DATE 7-3-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H 1-Hou 1-Susp 1-BD 1-Supron 1-Arco 1-Grace

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JUL 11 1979
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