

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 ☒ 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.)
AT SURFACE: 1980' FNL & 1980 FWL, Sec. 35
AT TOP PROD. INTERVAL: (Unit C, NE/4, NW/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) ☐ ☐

5. LEASE
NM-11970
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal BG
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-22-33
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3526.4 GL

RECEIVED

JAN 22 1981

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

U.S. GEOLOGICAL SURVEY
HOBBS, 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.)*

Swab tested 3 days and recovered 160 BLW, trace of oil, and small show of gas. Ran Gamma Ray Correlation log from 11200' to 12335'. Set cast iron bridge plug at 12375'. Perforated Bone Springs 12072'-12080' and 12238'-12264' with 2 JSPF. Acidize with 5000 gal. 15% HCL acid with additives. Swab 2 days and recovered 80 BLW and small show of gas. Set cast iron bridge plug at 12000' and perforate 11438'-11448' with 2 JSPF. Acidize with 2000 gal. 15% HCL acid with additives. Swab 17 hours and recovered 86 BLW, 1 BO and slight show of gas. Currently shut in pending additional work.

0+4-USGS, H 1-Hou 1-Susp 1-GLF 1-W. Stafford, Hou
1-EI Paso 1-Supron 1-Beard

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

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

SIGNED Gerald L. Foster TITLE Admin. Analyst DATE 1-21-81

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

JAN 26 1981

U.S. GEOLOGICAL SURVEY
RO. WILL. NEW MEXICO

*See Instructions on Reverse Side