

COPY TO O. & G.

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 Inc.

3. ADDRESS OF OPERATOR

P.O. Box 960, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: *1400' APL & 1184' DPL*

AT TOP PROD. INTERVAL:

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:

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OCT 29 1979

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.)*

*It is proposed to acidize subject well as follows:
1. Kill well if necessary. Tag for 60' & go to TD (3870') if necessary. Treat anything up @ 2150'-3869' w/ 5000 gal.
2. 10% HCl-HF-EE acid. 2000 gal. inhibitor. Flush & swell well.
Return to production & test.*

Subsurface Safety Valve: Make and Type

Set @ _____ Ft.

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

SIGNED *Wm J. Rauterkhan* TITLE

DATE *10/26/79*

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

*4365 - S
NAF - M
FILE*

TITLE

APPROVED

OCT 29 1979

AR Hall

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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OCT 20
O.C.D. HOBBS, OFFICE