

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 ☐ gas ☒ other ☐2. NAME OF OPERATOR  
Amoco Production Company3. ADDRESS OF OPERATOR  
P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1980' FSL X 660' FWL, Sec. 26  
AT SURFACE: (Unit L, NW/4 SW/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:

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

SUBSEQUENT REPORT OF:

☐  
☒  
☐  
☐  
☐  
☐  
☐  
☐RECEIVED  
OCT 5 1979U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO5. LEASE  
NM-18634-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal H9. WELL NO.  
110. FIELD OR WILDCAT NAME  
Wildcat Atoka11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
26-23-3312. COUNTY OR PARISH  
Lea13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3660.1 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.)\*

Moved in service unit 6-26-79. Perforated 14,382'-14,406' with 4 JSPF. Swab tested 3 days. Moved off service unit 7-2-79.

Moved in service unit 7-9-79. Ran cast iron bridge plug set at 14,700'. Ran tubing and packer and perf assy. Packer set at 11,787'. Reperf 14,382'-14,406' with 4 JSPF. Swab tested 3 days. Acidized with 4500 gal. 10% MEC acid with additives and 1000 SCF nitrogen/bbl. Swab tested 2 days. Moved off service unit 7-24-79. Hit bridge in tubing. Repair operation ceased. Well to be recompleted to Wolfcamp. Final Report.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 10-4-79

(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-Southland Rlty

