

N. M. OIL CONS. COMMISSION

P. O. BOX 1900

HOBBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

Form Approved.
Budget Bureau No. 42-R1424

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FEL X 660' FSL
AT TOP PROD. INTERVAL: (Unit P, SE/4, SE/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) status update ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-19143

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal CW Com9. WELL NO.
110. FIELD OR WILDCAT NAME
Antelope Ridge Atoka/Ant. Rd. Morrow11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-23-2412. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3376.6' 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.)*

Ran base gamma ray temp. survey. Acidized with 10000 gal 15% HCL. Flushed with 71 bbl 2% KCL brine water. Ran after treatment survey. Shut-in 8 hrs to hook up test equipment on 8-7-83. Flow tested for 90 hours. Well flowed 224 BC, 13 BLW, 26 BW. and 6244 MCF. Last 24 hours well flowed 61 BC, 9 BW, and 1363 MCFD. Shut-in well 144 hours for BHP test. Pulled BHP bombs and installed test equipment 8-20-83. Ran 4-point test and shut-in well. Well is currently shut-in.

0+6-BLM, R 1-HOU R.E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CLF
1-NMOCD,H

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

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

SIGNED Cathy L. Forman TITLE Ast. Adm. Analyst DATE 7-26-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

SEP 2 1983

RECEIVED

SEP 5 1983

O.C.D.
HORRIS OFFICE