

COPY TO O. C. C.

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 Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 230' FNL X 330' Fel, Sec 6

AT SURFACE:

AT TOP PROD. INTERVAL: (Unit A NE/4 NE/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) ☐

SUBSEQUENT REPORT OF:

RECEIVED

JAN 16 1980

(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.)*

Moved in Service Unit 12/29/79. Ran collar log 6500' to 5700'. Ran 2" plug and set in seating nipple at 6850. Loaded tubing with 22 barrels of load water and tested to 800 # PSI. TST showed tubing pressure held OK. Perforated intervals 6199-6201, 6230-6232, 6240-6242, and 6262-6264 with 1 JSPF. Acidized perforated interval 6199-6264 with 2000 gallons 15% NE HCL. Upon completion of evaluation, well was returned to production.

DRINKARD TEMPORARILY ABANDONED.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

[Signature]

TITLE

Asst. Admin. Anal

DATE 1-14-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0 + 4 USGSH 1-Hous 1-Susp 1-CC

*See Instructions on Reverse Side

