REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE

UNITL STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

Dec. 1973	Budget Bureau No. 42-R1424		
UNITL STATES DEPARTMENT OF THE INTERIOR	5. LEAUL LC-030180 (a)		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas other	Farnsworth F edera l A		
well well other	9. WELL NO.		
2. NAME OF OPERATOR Amoco Production Company	12 10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P.O. Drawer "A", Levelland, Texas 79336	Scarborough Yates-Seven Rivers 11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
AT SURFACE: 890' EST & 890' FWL, Sec 18	18-26-37		
AT SURFACE: 090 EL & 090 FWL, 38C 10 AT TOP PROD. INTERVAL: (Unit D, NW/4, NW/4)	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	Lea NM		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND, WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2969 RDB		
TEST WATER SHUT-OFF			

1919change on Form 9-330.)

Report results of multiple completion or zone

U. S. GEOLOGICAL SURVEY (other)

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 with 2.1.

Moved in service unit 2/23/79. Set cast iron bridge plug at 3148'. Perforated interval 3081'-87' with 2 DPJSPF. Set packer at 2978' and tailpipe set at 3101'. Spotted 500 gal 15% N₂ acid on perfs. Set packer at 2947' and tailpipe set at 3070'. Installed pumping equipment and moved out service unit 2/28/79. Currently pump testing well.

Subsurface Safety Valve: Manu. and Type		\$et @	(<u>)</u>
18. I hereby certify that the foregoing is true and core			
SIGNED HOLL TITLE	Admin. Supervisor DATE	March 7, 19	979
(This space	for Federal or State office use)		
APPROVED BY TITL CONDITIONS OF APPROVAL, IF ANY:	* TAPESPIED FOR	TRECORD /	<u> </u>
O+4-USGS,H 1-Houston	Mor	1078 16	
1-Susp 1-RWA *see to	nstructions on Reverse SideOLCCI HO23S, NEV	M MEXICO	