

UNIT 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 Company3. ADDRESS OF OPERATOR
P.O. Drawer "A", Levelland, Texas 79336

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

AT SURFACE: 890' FSL & 890' FWL, Sec 18
AT TOP PROD. INTERVAL: (Unit D, NW $\frac{1}{4}$, NW $\frac{1}{4}$)
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:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO5. LEASE
LC-030180 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Farnsworth Federal A9. WELL NO.
1210. FIELD OR WILDCAT NAME
Scarborough-Yates-Seven Rivers11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-26-3712. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2969 RDB

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 1/19/79. Perforate 7" casing 3181'-3189' with 2 DPJSPF. Run tubing and packer. Set packer at 3159' and tailpipe at 3190'. Test casing with 500# for 30 minutes. Test O.K. Acidize perf interval with 500 gal 15% HCL acid and 1 gal C-15 Inhibitor /1000 gal and 2 gal J4A/1000 gal and 1/2 gal J20 Demulsifier/1000 gal. Flush with 14 BBLS 2% KCL water. Swab well. Run tubing and packer. Released service unit 1/27/79. Installed pumping equipment on 2/9/79. Currently pump testing well.

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 February 22, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:0+4=USGS,H
1-Houston
1-Susp
1-RWA

*See Instructions on Reverse Side

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