Form 9–331	Form Approved.  Budget Bureau No. 42-R143	
UNITED STATES	5. LEASE	-
DEPARTMENT OF THE INTERIOR	NM-13647	
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 well other	Perro Grande Unit 9. WELL NO.	
2. NAME OF OPERATOR	1	_
Amoco Production Company  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Wildcat Strawn	
P. O. Box 68, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY	OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	7 AREA 6-26-35	
below.) AT SURFACE: 1980' FSL X 1980' FEL, Sec. 6	12. COUNTY OR PARISH 13. STATE	_
AT TOP PROD. INTERVAL: (Unit J, NW/4,SE/4)	<u>Lea</u> NM	
AT TOTAL DEPTH:	14. API NO.	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND W	ID)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3273.0 dL	_
TEST WATER SHUT-OFF		
FRACTURE TREAT	÷	
REPAIR WELL	(NOTE: Report results of multiple completion or z	one
PULL OR ALTER CASING U	change on Form 9-330.)	
MULTIPLE COMPLETE		
ABANDON*		
(other)		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting	s directionally drilled, give subsurface locations.	tes, and
Moved in service unit 1-24-83. Loaded well Released packer and pulled 10 stands. Displ	laced well with 14.5 PPG mud.	_
Pulled tubing and packer. Ran in hole with	model D packer and set at 14385	•
Ran F-nipple, 1.81 profile, anchor seal assenipple, and 2-7/8 tubing. Tested tubing to	MDIY, ON-OTT tool, 1.8/5 Profile 10000 psi Tested well bead to	3
1100 psi. Ran 1-9/16" tubing gun and perfor	cated Strawn intervals 14482'-99	,
and 14516'-20 with 4 JSPF. Tubing pressure	closed 800 psi. Casing pressure	<u>э</u>
closed O psi. Swab and flow tested 9 hours.	. Recovered 100 barrels of load	
water. Ran gamma ray temperature survey fro	om 14100'-14800'. Acidized well	
with 8000 gallons 15% HCL acid. Average inj	jection rate 2./ BPM at 5850 psi.	, D-
Minimum treating pressure 4800 psi and maxim	num treating pressure 5900 psi.	Kā i ca
after acid gamma ray temperature survey from	Swah tested 8 hours. Recovered	ıct
unit 1-29-83. Moved in swab unit 1-29-83.  Substitute State of the sta	-DMF 1-Superior, set and	_ F1
18. I hereby certify that the for going is true and correct		
SIGNED MINE STROWN TITLE AST. Adm. A	Analyst DATE 2-17-83	
(This space for Federal or State	office use)	
APPROVED BY ACCEPTED FOR RECORD	DATE	
CONDITIONS OF APPROVAL, IF ANY:		
JUL 1 3 1983	FF3 8 A 703	

\*See Instructions on Reverse Side

200 barrels of load water. Well started to flow. Moved out swab unit 1-30-83. Flow tested 7 days. Recovered 33 barrels of condensate, 58 barrels of water, and 3588 mcf. Completed as a flowing Strawn gas well 2-7-83.

•

JUL 14 1983

O.C.D.

HOBBS OFFICE