

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
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.)
1980' FSL X 1980' FEL, Sec. 6
AT SURFACE:
AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/4)
AT TOTAL DEPTH:

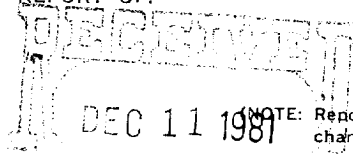
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM 13647
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Perro Grande Unit
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6-26-35
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3279.6' 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 packer and set at 15075'. Nippled up well head and tested to 8000 PSI. Perforated Morrow 15765'-69', 15806'-14', 15817'-19'. Flow tested, recovered 49 BW. Moved out service unit 11-24-81 (X-Pert #21). Flow tested well recovered 2 BW, produced gas at rate of 16 MMCFD. Currently shut in.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

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

SIGNED Mark E. L... TITLE Ast. Adm. Analyst DATE 12-9-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY
ROSWELL, NEW MEXICO