

U.S. GEOLOGICAL SURVEY
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, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL X 1980' FEL, Sec. 6
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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 Morrow

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.

30-025-27359

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3279.6 GL

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

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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.)*

Propose to abandon the current Morrow intervals 15765'-819' and open additional Morrow pay 15658'-668'. Move in service unit and kill well with 10# 2% KCL brine water. Pull packer and tubing. Run CIBP and set at 15715'. Run in hole with packer, tailpipe, and tubing. Set packer at 15075'. Perforate Morrow interval 15658'-668' with 4 jet shots per foot. Swab & flow test well. If well will not flow acidize with 1500 gallons 7-1/2% MS acid. Flush with 85 barrels of 2% KCL brine water. Swab and flow test well.

0+6-MMS, R 1-HOU 1-DMF 1-W. Stafford, HOU 1-Superior

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

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

SIGNED Mark L. Freeman TITLE Ast. Adm. Analyst DATE 9-7-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sig.) PETER W. CHESTNUT TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 10 1982

FOR

JAMES A. GILFILLAN
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED

SEP 13 1982

O.C.D.
HOBBS OFFICE