

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 ☒ gas ☐ other ☐
well well

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' FNL X1980' FWL, Unit F
AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E
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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RECEIVED
JAN 13 1983

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

OIL & GAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give State, Section, Township, Range, and well name. If well is not yet drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Moved in service unit 12-14-82. Bled down well and installed BOP. Pulled packer and tubing. Ran tubing and 4-3/4" bit. Tagged fill at 3506'. Drilled out to 3560'. Circulated clean and pulled tubing and bit. Ran in hole with 2-7/8" Tailpipe, packer, and tubing to surface. Packer set at 3205'. Tailpipe landed at 3276'. Ran base gamma ray temperature survey. Acidized well with 4500 gallons 15% NE HCL, 1800 lb rock salt, and 1075 lb 100 mesh salt. Maximum treating pressure 1100 psi. Pulled out of hole. Ran tubing and bit. Tagged TD at 3560'. Pulled out of hole. Ran packer at 2-7/8" tubing. Set packer at 3266'. Tested to 500 psi. Tested OK. Returned well to injection. Injecting 690 barrels of water per day at 525 psi.

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

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

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

SIGNED Mark F. Wynn TITLE Ast. Adm. Analyst DATE 1-10-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (Orig. Sign) TITLE _____ DATE _____
CONDITIONS OF APPROVAL FEB 4 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

N. M. CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form Approved

Budget Bureau No. 42-R1424

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FEB 7 1983
C.C.D.
HOBBS OFFICE