

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.)

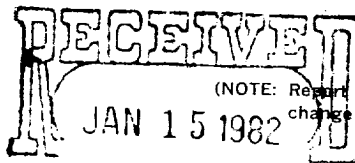
1. oil ☐ gas ☐ other ☒ Injection
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL X 1980' FWL, Unit F
AT TOP PROD. INTERVAL: Sec. 22, T-24-S, R-37-E
AT TOTAL DEPTH:
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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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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 clean out and acidize as follows: Pull tubing and packer. Tag bottom. Drill out to 3560' if over 10' of fill exists. Run workstring with 2 joints of tailpipe below packer. Set packer at approx. 3220'. Acidize in 4 stages w/6000 gal. 15% NE HCL with 1 gal/1000 corrosion inhibitor. Tag acid with radioactive I-131. Run gamma ray and temp logs from TD to 3170'. Block stages 1,2, and 3 with 500# graded rock salt and 300# of 100 mesh salt in 500 Gal saturated, gelled brine. Follow with 5 bbl saturated brine. Flush stages 1,2, and 3 with 32 bbl. saturated brine. Flush stage 4 with 42 bbl fresh water. Pull workstring and packer. Run coated tubing and packer. Return well to injection.

0+4-USGS, R 1-Hou 1-Susp 1-CLF

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

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

SIGNED Cathy R. Torman TITLE Assist. ADMIN. Analyst DATE 1-13-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 18 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side