

# RECEIVED

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Form 9-331  
Dec. 1973

UNITED STATES GEOLOGICAL SURVEY  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

## 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.)  
AT SURFACE: (Unit <sup>P</sup> 8, 766' FSL X 554' FEL  
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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☐

5. LEASE

LC 032450(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Mattix Unit *Federal*

9. WELL NO.

12

10. FIELD OR WILDCAT NAME

Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

22-24-37

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

3245' DF

(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.)\*

Propose to increase production by the following method:

Run tubing with treating packer and spot acid across perfs 5230'-5690'. Set packer at approximately 5150'. Acidize with 3000 gallons in 3 stages and pump 200# moth balls in 400 gallons of 30# gelled brine after first two stages. Flush with 25 bbls. of lease crude. Swab back load. Perform scale inhibitor squeeze with Wellaid 825 and flush with 180 bbls. fresh water. Install pumping equipment and return to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED *Greg Mitchell* TITLE *Ast. Adm. Analyst* DATE *2-25-81*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

0+6-USGS, H 1-Hou 1-Susp 1-GPM

\*See Instructions on Reverse Side

APPROVED

MAR 3 1981

DISTRICT SUPERVISOR