

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 660' FEL, Unit I
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:

- ☐
☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
LC-032450-a
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Myers A Federal
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Langlie Mattix Queen
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 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.)*

Moved in service unit 1-3-83. Swab tested well 27 hours. Recovered 19 B0, 108 BW, and 0 mcf gas. Moved out service unit 1-6-83. Moved in service unit 1-13-83. Ran rods and pump. Tested pump to 500 psi. Tested OK. Moved out service unit 1-13-83. Pump tested 17 days. Recovered average of 0 B0, 20 BW, and 25 mcf gas. Unsuccessful workover. Left well shut-in.

0+6-BLM, R 1-HOU 1-CLF

RECEIVED

MAR 9 1983

Subsurface Safety Valve: Manu. and Type

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

Ft.

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

SIGNED Mark L. Luman TITLE Ast. Adm. Analyst DATE 3-4-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 13 1983

RECEIVED

JUL 15 1983

O.C.D.
HOBBS OFFICE