

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 well2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
P.O. Drawer "A", Levelland, Texas 793364. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1535' FNL & 330' FEL, Sec 22, (Unit
AT TOP PROD. INTERVAL: H, SE $\frac{1}{4}$, NE $\frac{1}{4}$
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

FEB 1 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC-032450-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Mattix Unit

9. WELL NO.

32

10. FIELD OR WILDCAT NAME

Wildcat McKee

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

22-24-37

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

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

3223.8 GR

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 blank off the Tubb zone and test the Upper Yeso zone using the following procedure. Set cast iron bridge plugs at 9525', 7170', and 5835'. Cap each plug with 35' of cement. Perforate Upper Yeso 5088'-90', 5094'-5104', 5111'-19', 5121'-28', 5137'-43', 5146'-52', 5154'-62', 5170'-73', 5190'-92', 5196'-5200', 5204'-06', 5215'-18', 5229'-32', 5240'-52', 5265'-67', 5278'-80', 5282'-84', 5311'-18', 5335'-44', 5378'-82', 5394'-98', 5444'-52' and 5470'-72' with 2 DPJSFP. Acidize and/or frac in testing the zone.

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

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

SIGNED

Ray Cox

TITLE

Admin. Supervisor

DATE

February 1, 1979

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H 1-Arco
1-Susp 1-Tenneco
1-Houston 1-Connoco
1-DE

*See Instructions on Reverse Side

