

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, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2130' FNL & 400' FWL, Sec. 15
AT TOP PROD. INTERVAL: (Unit E, SW/4, NW/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 ON:

RECEIVED
AUG 13 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM-10933
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Langlie B Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Langlie Mattix Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-25-37
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3116.7 GR

(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 recomplete well per the following:

Pull rods, pump+ tubing and run back in hole with tubing and drillable cement retainer. Set retainer at 3320'. Squeeze perfs 3368'-3546' (non-continuous, total of 41') with 100 SX Class C cement with additives. Reverse out excess cement. Pull tubing and perforate 2910'-2964' with 2 JSPF. Run in hole with tubing, and packer. Run one joint of tailpipe. Set packer at 2850'. Acidize new perfs with 5000 gal. 15% MCA acid and additives. Swab test to evaluate productivity.

0+4-NMOC, H 1-Hou 1-Susp 1-LBG 1-Wayne Stafford, Hou

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

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

SIGNED Chilton TITLE Admin. Supervisor DATE 8-11-80

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED
AUG 14 1980
DISTRICT SUPERVISOR