

COPY TO O. C. Q.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2130' FNL X 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 OF:

- ☐
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☐
☐
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☐
☐
☐

REGISTERED

MAR 1 1980

(Note) Report results of multiple completion or zone change on Form 9-330.)

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

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 10-2-79. Ran packer and tubing. Set packer at 3270'. Acidized with 3000 gallons 15% NEFE acid. Separated 2 stages with 200# rock salt in 30# gelled brine. Ran swab test. Recovered OBO and 39 BLW in 5 hours. Pulled packer and tubing. Ran pumping equipment. Hung well on. Returned well to production. Production after workover in 24 hours was OBO and 115 BW. Shut well in. Evaluating additional work.

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

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

SIGNED

TITLE A. J. K. DATE 3-14-80

(This space for Federal or State office use)

TITLE

DATE

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS, H

1-Susp

1-Hou

1-MKE