

**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.)
2130' FNL X 400' FWL, Sec. 15
 AT SURFACE: (Unit E SW/4 NW/4)
 AT TOP PROD. INTERVAL:
 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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SEP 20 1979

**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 Tr. 2
 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

E: 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 acidizing and treating well for scale as necessary. After fill is cleaned from bottom to 3664', well will be acidized with approximately 3000 gallons of 15% acid in two stages with 200 lbs. of rock salt used as stage separator. After well is flushed with fresh water and evaluation complete, well will be placed on production.

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

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

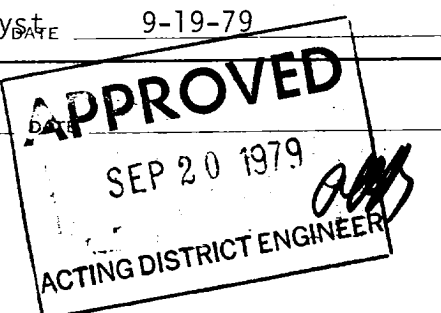
SIGNED [Signature] TITLE Asst. Admin. Analyst DATE 9-19-79

(This space for Federal or State office use)

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

0+4-USGS,H 1-Susp 1-Hou 1-CC

*See Instructions on Reverse Side



100-200

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