

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-10933	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2130' FNL & 400' FWL Sec. 15 (Unit E SW/4 NW/4)		8. FARM OR LEASE NAME Langlie "B" Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3116.7 GR		10. FIELD AND POOL, OR WILDCAT 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	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Completion	<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 6/16/78. Ran tbg and tagged PBTD at 3664'. Test casing w/1000# for 30 min. Test OK. Perforated Queen Interval 3368-78', 3410-17', 3426-30', 3446-49', 3464-67', 3480-86', 3538-46', w/2DPJSPF. Ran 2 3/8" tbg and pkr and tailpipe and spot 150 gal 15% MCA acid across perfs. Pull up tbg and set pkr 3120 and end of tailpipe at 3335'. Acidize perfs with 2350 gal 15% MCA. Swab tested well. Frac perfs w/40,000 gal KCL water, 39,000# 20-40 sand, 38,500# 10-20 sand, and 81 bbl gel water. Swab well to flowing.

Completed 7-6-78 as a flowing oil well with a potential of 6 BOPD, 19 BWPD on 48/64" choke. Unable to measure gas on potential test.

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JUL 12 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

Ray W. Cox

TITLE Administrative Supervisor

DATE 7-12-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS,H

1-Div

1-Susp

1-RC

TITLE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

JUL 13 1978

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