

COPY TO O. C.

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-21424UNITED 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.)
2310' FSL X 990' FWL, Sec. 14
AT SURFACE: (Unit L, NW/4, SW/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE

LC-032511-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Langlie B. Tr. 1 Fed.

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Justis Blinbry

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

14-25-37

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

3108.3 GR

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

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (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 4-4-80. Pulled rods and pump. Circulated hole with 750 gallons 10% FE acid followed by 300 gallons neutralizing solution. Pumped down annulus with 4000 gallons Injectrol and tagged with radioactive material. Displaced hole at 5150' and monitored interface at 5250'. Ran notch collar, seating nipple, and tubing to 5650'. Circulated hole. Pulled tubing and tools and ran pumping equipment. Returned well to production. Production after workover in 24 hours was 0 BO, 180 BW, 0 MCF.

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

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

SIGNED M. K. Rites TITLE Asst. Adm. Analyst DATE 4-29-80

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 9 1980

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO