

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. G.

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐  
well 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

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

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 Blinebry

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.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3108.3 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.)\*

Propose to shut off water production in the Paddock formation by the following method:

Circulate the hole with 750 gallons 10% FE acid followed by 300 gallons neutralizing solution. Run a gamma ray log. Pump 4000 gallons of tagged Injectrol G down tubing. Displace the Injectrol G to within 100' of top perf. Wait on Injectrol G to set. Allow twice the base setting time. Return well to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Mark K. Roberts TITLE Asst. Admin. Ana. DATE 3-21-80

(This space for Federal or State office use)

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY  
14 APR 1980

MAR 26 1980

ACTING DISTRICT ENGINEER

1-HOU 1-Susp 1-MKE

\*See Instructions on Reverse Side