

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE LC-032511-b
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	7. UNIT AGREEMENT NAME
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:	8. FARM OR LEASE NAME Langlie B Tr. 1 Fed.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
 FRACTURE TREAT ☐
 SHOOT OR ACIDIZE ☐
 REPAIR WELL ☐
 PULL OR ALTER CASING ☐
 MULTIPLE COMPLETE ☐
 CHANGE ZONES ☐
 ABANDON* ☐
 (other) ☐

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 U. S. GEOLOGICAL SURVEY
 HOBBS, NEW MEXICO

(NOTE: 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.)*

Moved in Service Unit 1/25/80. Pulled tubing. Perforated 5278'-82', 5287'-91', 5297'-5300', 5309'-13', 5321'-23', 5329'-5331', 5333'-36', 5339'-41' with 2 JSPF. Ran Retrievable Bridge Plug, packer, and tubing. Set bridge plug at 5420'. Packer set at 5270'. Acidized perfs 5278'-5341' in 3 stages with 3500 gallons 15% NE HCL and 300# Rock Salt in 30# gelled brine water. Pumped 1500 gallons acid and 150# Rock Salt. Communicated with perfs 5252'-5356'. Reset packer at 5210' and continued acid job, flushed with 25 BW. Swabbed well. Pulled tubing, packer, and bridge plug. Ran pumping equipment and returned well to production. Production after workover 1 BO and 221 BW in 24 hrs.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 2-18-80

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side

OIL CONSERVATION DIV.

FEB 26 '80

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