

**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 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

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) Squeezed Perfs

SUBSEQUENT REPORT OF:

- ☐
☒
☐
☐
☐
☐
☐
☐
☐

**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 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.

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

3108.3 GR

RECEIVED
SEP 16 1979

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.)*

MIRU Service Unit 3/8/79. Squeezed perforated interval 5252-5314'. Spotted 195 gallons of acid to 5442-5650'. Perforated interval 5442-5640' with 2 DPJSPF. Acidized perforated interval with 5000 gallons of 15% NE acid. Swabbed and pump tested. Upon completion of testing and evaluation, well was returned to production.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE Assist. Admin. Ana DATE 9/14/79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

*See Instructions on Reverse Side

