

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424

**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:
AT TOP PROD. INTERVAL: (Unit L, NW/4 SW/4)
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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SEP 20 1979

(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 increase production by perforating additional intervals and stimulating as necessary. Interval 5278-5341 will be randomly perforated with 2 DPJSPF. Perforations will be treated with approximately 3500 gallons 15% NE HCL acid in three stages with 150 lbs. of rock salt used as blocking agent between stages. After pumping equipment is installed and evaluation complete, well will be returned to production.

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

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

SIGNED [Signature] TITLE Asst. Admin. Analyst DATE 9-19-79

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side

