

COPY TO O. C. C.

Form 9-331
Dec. 1973

Form 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
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FSL X 660' FWL, Sec. 24
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:

- ☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
NM - 24490
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Andrikopoulos Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
24-25-33
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3335.3 GR

(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.)*

Move in service unit and tested casing with 1000# for 30 min. Test OK. Ran Tubing paker, and tailpipe. Packer set at 12180'. Tailpipe at 15 392'. Perforated 15554' - 15564' with 2 JSPF. Acidized with 2000 gal 7-1/2% MS acid with 1000 SCF Nitrogen per bbl. Flushed with 60 bbl. 4% KCL water. Currently shut-in evaluating additional completion.

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

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

SIGNED Bob Laws TITLE Asst. Admin, Anal DATE 3-10-80

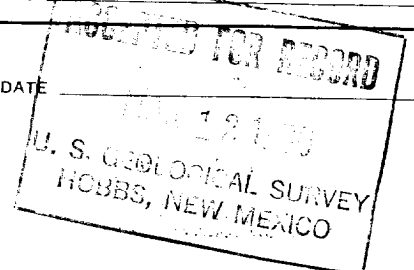
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0 + 4 USGS - H 1 - HOU 1 - Susp 1 - BD

*See Instructions on Reverse Side



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OIL CONSERVATION DIV.