

N. M. OIL CONS. COMMISSION

**P. O. BOX 1980
UNITED STATES
HOBBS, NEW MEXICO 88240
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.)
AT SURFACE: 1980' FSL & 1980' FWL; Sec. 27
AT TOP PROD. INTERVAL: (Unit K, NE/4, SW/4)
AT TOTAL DEPTH:

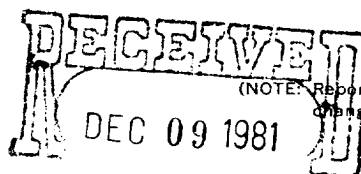
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM-24490
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Andrikopolous Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Wildcat Delaware
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.
30 025 27124
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3332.4' GL

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 11-25-81 (X-Pert #21). Spotted 200 gal. 10% Acetic acid at 5055'. Perfed 5176-88' and 5152'-65' with 2 JSPF. Swabbed 21 hrs. recovered 25 BOW. Ran retrievable bridge plug set at 5191' and packer set at 5089'. Acidized with 2500 gal. 7-1/2% HCL and flushed with 23 barrels 2% KCL. Swabbed 23 hrs. recovered 59 BLW. Currently swabbing.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

Subsurface Safety Valve or Record Type

Set @ _____ Ft.

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

SIGNED ROGER A. CHAPMAN TITLE Ast. Adm. Analyst DATE 12-7-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF WELL, NEW MEXICO

TITLE _____ DATE _____