

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL X 1980' FEL, Unit G  
AT TOP PROD. INTERVAL: Sec. 27, T-24-S, R-37-E  
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-7488
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Myers B Federal
9. WELL NO.  
10
10. FIELD OR WILDCAT NAME  
Jalmat Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
7-24-37
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3321' DE

**RECEIVED**  
MAR 30 1983  
(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

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 12-7-82. Installed blowout preventer. Pulled tubing. Set a packer set 2679'. Acidized perfs 2860'-3250' with 1500 gal 15% HCL and 1 ga/1000 corrosion inhibitor. Flushed with 16 bbl KCL fresh water. Pulled the packer. Ran mud anchor, seating nipple, perf sub, and tubing. Seating nipple landed at 3260'. Removed blowout preventer and flanged up wellhead. Moved out service unit 12-14-82. Swab tested. Well shut-in.

0+4-BLM, R 1-NMOCD,H 1-HOU 1-F. J. Nash, HOU 1-SUSP 1-CLF

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED William J. Sorenson TITLE Ast. Adm. Analyst DATE 3-25-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**ACCEPTED FOR RECORD**

**APR 8 1983**

NO. 100-100000

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JUL 11 1983

G.C.D.  
HOEBS OFFICE