

N. M. OIL COND. COMMISSION
P. O. BOX 1300
HOBBS, NEW MEXICO 88240

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 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'FNLX 1980'FEL, Sec. 7
AT TOP PROD. INTERVAL: (unit G, SW/4, NE/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:

☐
☐
☐
☐
☐
☐
☐
☐
☐

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 DF

(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.)*

Propose to clean out and stimulate Yates interval 2860'-3250' as follows:

Move in service unit. If necessary run in hole with sand pump and clean out to 3265'. Run in hole with 2 3/8 tubing and packer. Set tailpipe at 2770' and packer at 2670'. Pump 1500 gallons 15% HCL acid. Flush to perfs with 14 barrels 2% KCL fresh water. Shut in well for 1 hour to allow acid to soak. Lower packer to 2850'. Swab Test well.

0+6-MMS;R

1-CLF

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

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

SIGNED Mark A. Gillham TITLE Asst. Admin. Analyst DATE 11-12-82

APPROVED BY James A. Gillham
CONDITIONS OF APPROVAL, IF ANY:

NOV 15 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

APPROVED (This space for Federal or State office use)
RECEIVED
NOV 15 1982
OIL & GAS
MINERAL RESOURCES SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

NOV 17 1982

C.C.C.
HOBBS OFFICE