

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.)
AT SURFACE: 660' FNL X 660' FWL, Sec. 15
AT TOP PROD. INTERVAL: (Unit D, NW/4, NW/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 LC 032450 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME South Mattix Unit Federal

9. WELL NO. 7

10. FIELD OR WILDCAT NAME Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15-24-37

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3273' RDB

(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.)*

Moved in service unit 1-2-81. Ran tubing, packer, and tailpipe. Spotted 880 gallons of Xylene across perms 5174-5697'. Set packer at 5130'. Acidized with 3000 gallons 15% NE HCL in 3 equal stages and separated by 325 lbs. of graded rock salt and 250 gallons gelled brine. Flushed with fresh water. Released packer and lowered tubing to 5658'. Pumped 80 gallons Wellaid 825 scale inhibitor. Flushed with 170 bbls. of fresh water. Shut-in for 24 hrs. and returned to production.

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

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

SIGNED W. M. Mitchell TITLE Ast. Adm. Analyst DATE 1-27-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

ACCEPTED FOR RECORD

FEB 2 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO