

**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: 1980' FNL X 810' FEL, Sec. 15
AT TOP PROD. INTERVAL: (Unit H, SE/4, NE/4)
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details 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 1-28-81. Ran tubing, packer, and tailpipe. Spotted 400 gallons of Xylene across perfs 5181'-5697'. Set packer at 5141' and acidized down tubing with 2400 gallons 15% NE HCL in 3 stages. After just two stages pumped 550 bls. graded rock salt X 550 lbs. paraformaldehyde with 400 gallons gelled brine. Pulled packer and ran production equipment.

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

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

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

SIGNED Greg Mitchell TITLE Ast. Adm. Analyst DATE 2-23-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Mattix Unit *Federal*

9. WELL NO.
10

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)
3248 RDB

(NOTE: Report results of test or completion or change on Form 9-331-C)

RECEIVED
MAR 02 1981

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

FILED
FEB 24 1981

ACCEPTED FOR RECORD
DATE Feb 26 1981

U.S. GEOLOGICAL SURVEY