

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 ☒ gas ☐ other ☐
well well

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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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 increase productivity by the following method:

Run tubing, packer, and tailpipe. Spot 400 gallons of Xylene across perforations 5181'-5697'. Set packer at 5135' and acidize down tubing with 2400 gallons 15% NE HCL in 3 equal stages. After first two stages pump a total of 550 lbs. graded rock salt X 550 lbs. paraformaldehyde with 400 gallons gelled brine. Flush with fresh water. Pull packer and run production equipment. After 48 hrs. of production. Squeeze well with 1 drum of Wellaid 825 scale inhibitor. Flush with 100 lbs. fresh water. Shut well in for 24 hrs. and return to production.

RECEIVED

Subsurface Safety Valve: Manu. and Type _____

SEP 10 1980

Set @ _____

Ft.

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

SIGNED _____ TITLE A. Ad. Analyst DATE 9-8-80

(Orig. Sgd.) GEORGE H. STEWART (This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

0+4-USGS, H

1-Hou

1-Susp

1-MKE

SEP 11 1980