

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.) 1980' FNL x 1980' FEL, Sec. 15  
AT SURFACE: (Unit G, SW/4 NE/4)  
AT TOP PROD. INTERVAL:  
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:

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RECEIVED  
FEB 20 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Mattix Unit Fed.

9. WELL NO.

17

10. FIELD OR WILDCAT NAME

Fowler Ellenburger

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.

30-025-20298

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3255 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 2/1/80. Pulled tubing. Ran gauge ring and cast iron bridge plug on wireline. Set bridge plug at 9809'. Ran tubing rods and pump. Returned well to production. Water zone was shut-off by setting BP at 9809'. Oil production increased, therefore additional perforations and acid job not required at this time. Production after workover, 71 BO x 112 BW x 38 MCF in 24 hrs.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 2-15-80

(This space for Federal or State office use)

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

0+4 USGS-H, 1-Hou, 1-Susp, 1-MKE, 1-Arco, 1-Conoco, 1-Tenneco

\*See Instructions on Reverse Side



