

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

DEC 7 1979

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.
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.)*

Propose to shut off water production and open additional pay in the Ellenburger above the current perforations 9792'-9833'. Bridge plug will be set at 9809' in an attempt to shut off water production. Intervals 9684'-9708', 9712'-9722', 9728'-9740', 9754'-9766', 9770'-9786' will then be perforated with 2 DPJSPF. Perforated intervals will be acidized with approximately 4750 gallons 15% NE HCL. Upon completion of evaluation, well will be returned to production.

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

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

SIGNED Cotton Cave TITLE Assist. Admin. Ana DATE 12-6-79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

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ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side